HIV/AIDS Epidemiology Partnership 11b

Monroe County

Excluding Dept. of Corrections

Created: 01/02/14

Revision: 07/09/14

Florida Department of Health
HIV/AIDS Section
Annual data trends as of 12/31/2013
Living (Prevalence) data as of 06/30/2014

HIV and AIDS Case Data

- AIDS Cases became reportable in Florida in 1981.
- HIV (not AIDS) became reportable in Florida on July 1, 1997.
- HIV Infection reporting represents newly Adult HIV Infection Cases, regardless of AIDS status at time of report, that were previously reported.
- AIDS cases and HIV infection cases by year of report are NOT mutually exclusive and CANNOT be added together.
- Frozen databases of year-end data are generated at the end of each calendar year. These are the same data used for Florida CHARTS and all grant-related data where annual data are included.
- HIV prevalence data are generated later in the year, usually in July, when most of the "expected" death data are complete.

HIV and AIDS Case Data (con't)

- Adult cases represent ages 13 and older, pediatric cases are those under the age of 13. For data by year, the age is by age of diagnosis. For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.
- Unless otherwise noted, whites are non-Hispanic and blacks are non-Hispanic.
- Unless otherwise noted. Area and county data will exclude DOC cases.

Snapshot of Persons Reported with HIV Disease, 2013, Partnership 11b

Total Population, 2013

72,834

HIV Infection and AIDS Cases Reported in 2013*

	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
HIV Infection Cases	25	-	25
AIDS Cases	11	-	11

*HIV infection cases and AIDS cases by year of report are NOT mutually exclusive and CANNOT be added together.

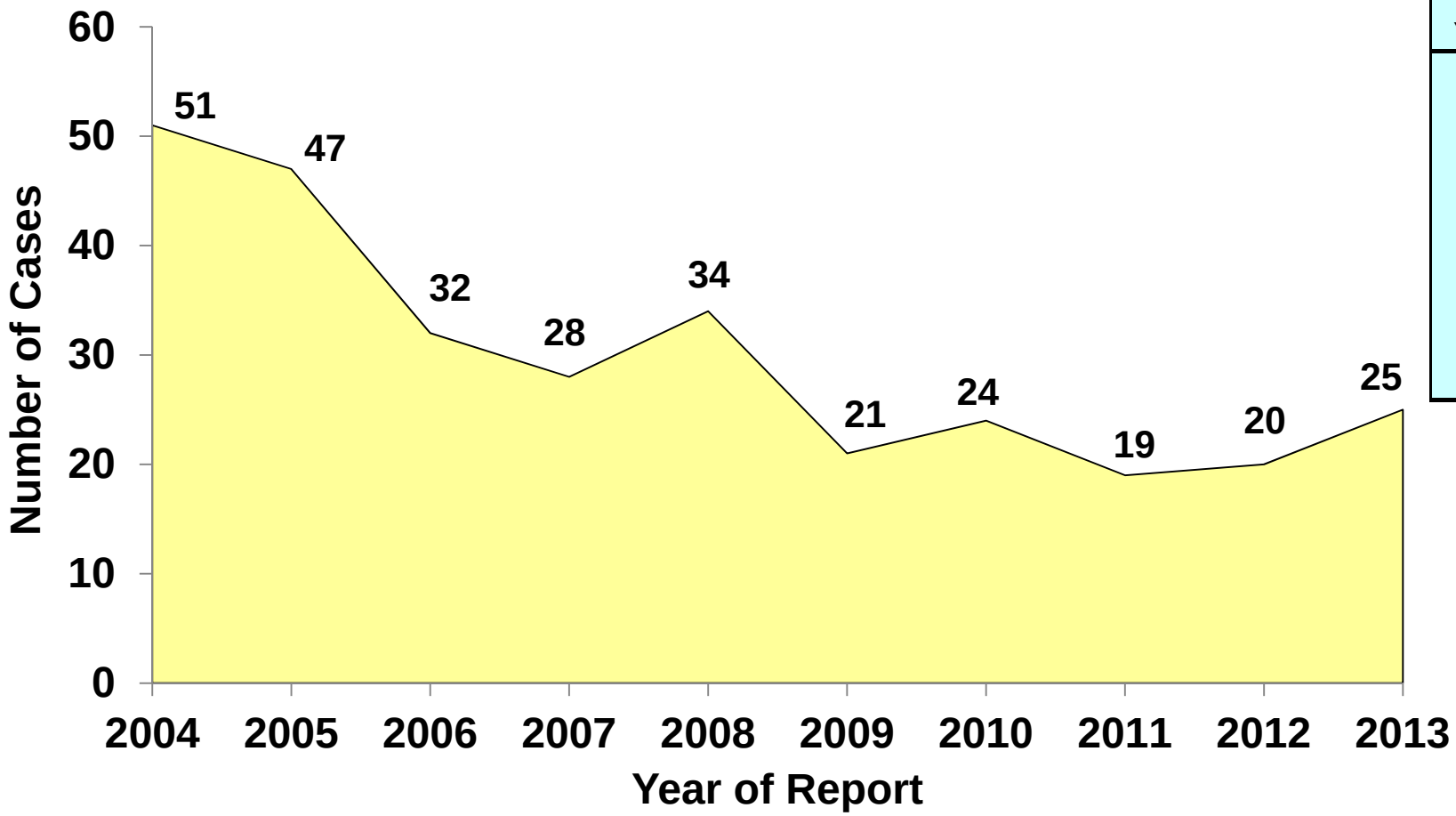
Cumulative HIV/AIDS Cases Reported 1981-2013

	Adults (Age 13+)	Pediatrics (Age<13)	TOTAL
HIV (not AIDS) Cases**	237	1	238
AIDS Cases	1,327	4	1,331
Total	1,564	5	1,569

**HIV (not AIDS) cases were NOT reportable until 07/1997

Persons Living with HIV Disease through 2013, as of 06/30/2014: 686

HIV Infection Cases and Rates*, By Year of Report, 2004-2013, Partnership 11b

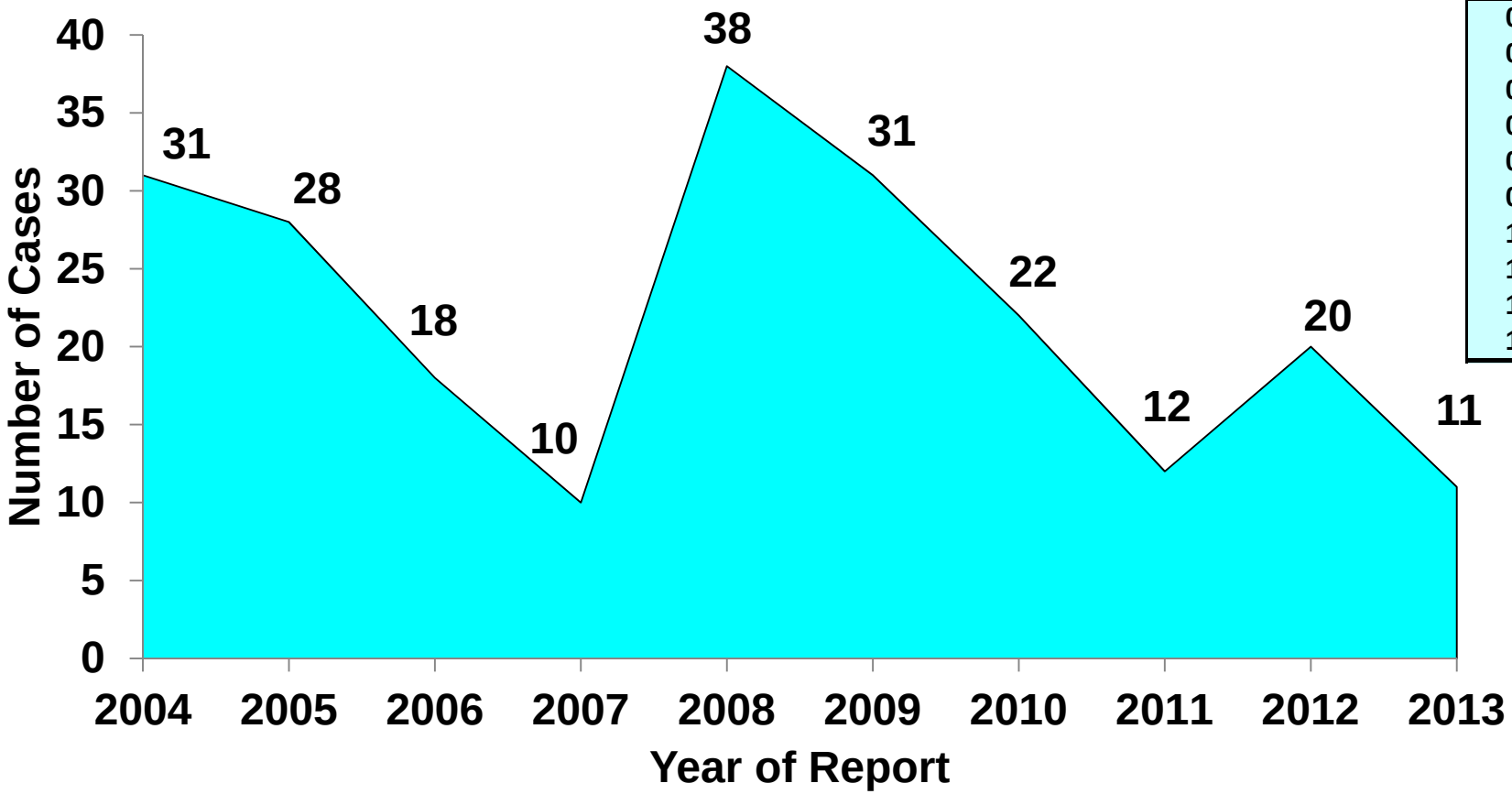


Year	Rate
04	65.1
05	60.9
06	42.2
07	37.4
08	46.0
09	28.5
10	32.9
11	26.2
12	27.7
13	34.3

Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in newly reported cases of HIV infection in 2013. These trends were observed across most race/sex/risk groups throughout the state.

***Source: Population estimates are provided by Florida CHARTS as of 06/03/2014. Rates are expressed as per 100,000 population.**

AIDS Cases and Rates*
By Year of Report, 2004-2013, Partnership 11b

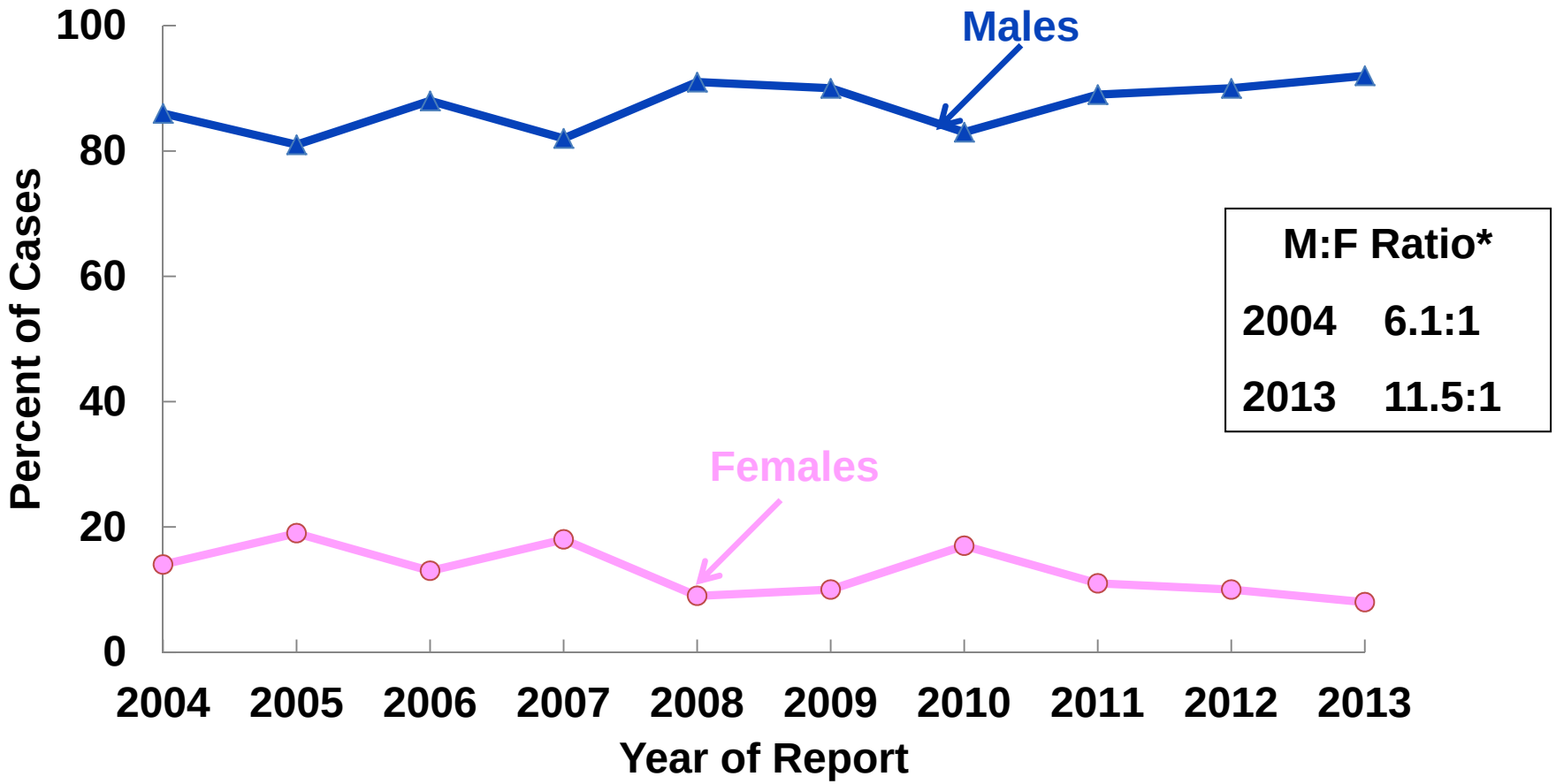


Year	Rate
04	39.6
05	36.3
06	23.8
07	13.4
08	51.4
09	42.1
10	30.2
11	16.5
12	27.7
13	15.1

Electronic laboratory reporting delays in late 2007 decreased cases in that year. The expansion of electronic lab reporting increased the timeliness of reporting, which contributed to the artificial spike in 2008, followed by subsequent annual decreases through 2013. Over the past ten years, the number of AIDS cases have decreased by 65%.

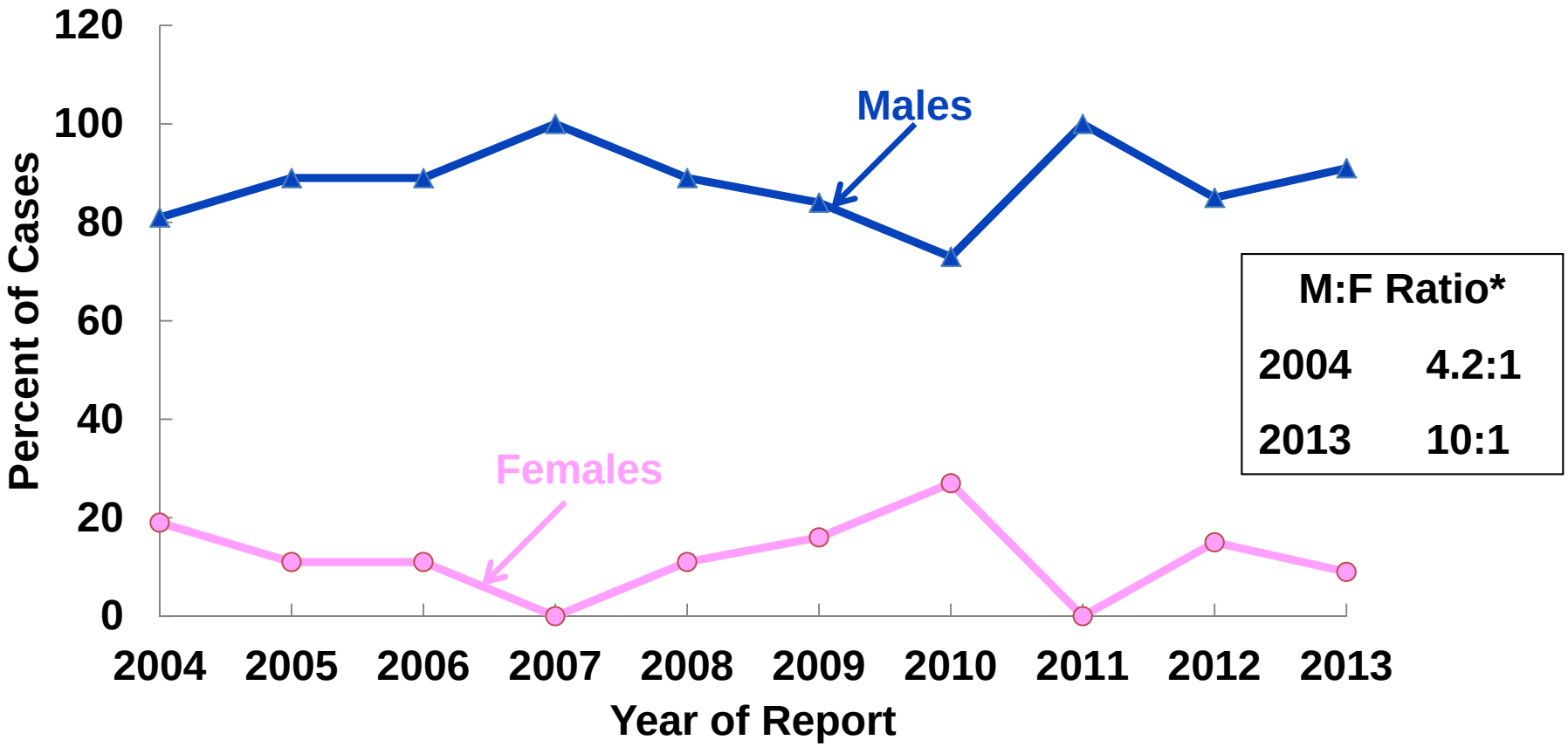
***Source: Population estimates are provided by Florida CHARTS as of 06/03/2014. Rates are expressed as per 100,000 population.**

Adult HIV Infection Cases, by Sex and Year of Report, 2004-2013, Partnership 11b



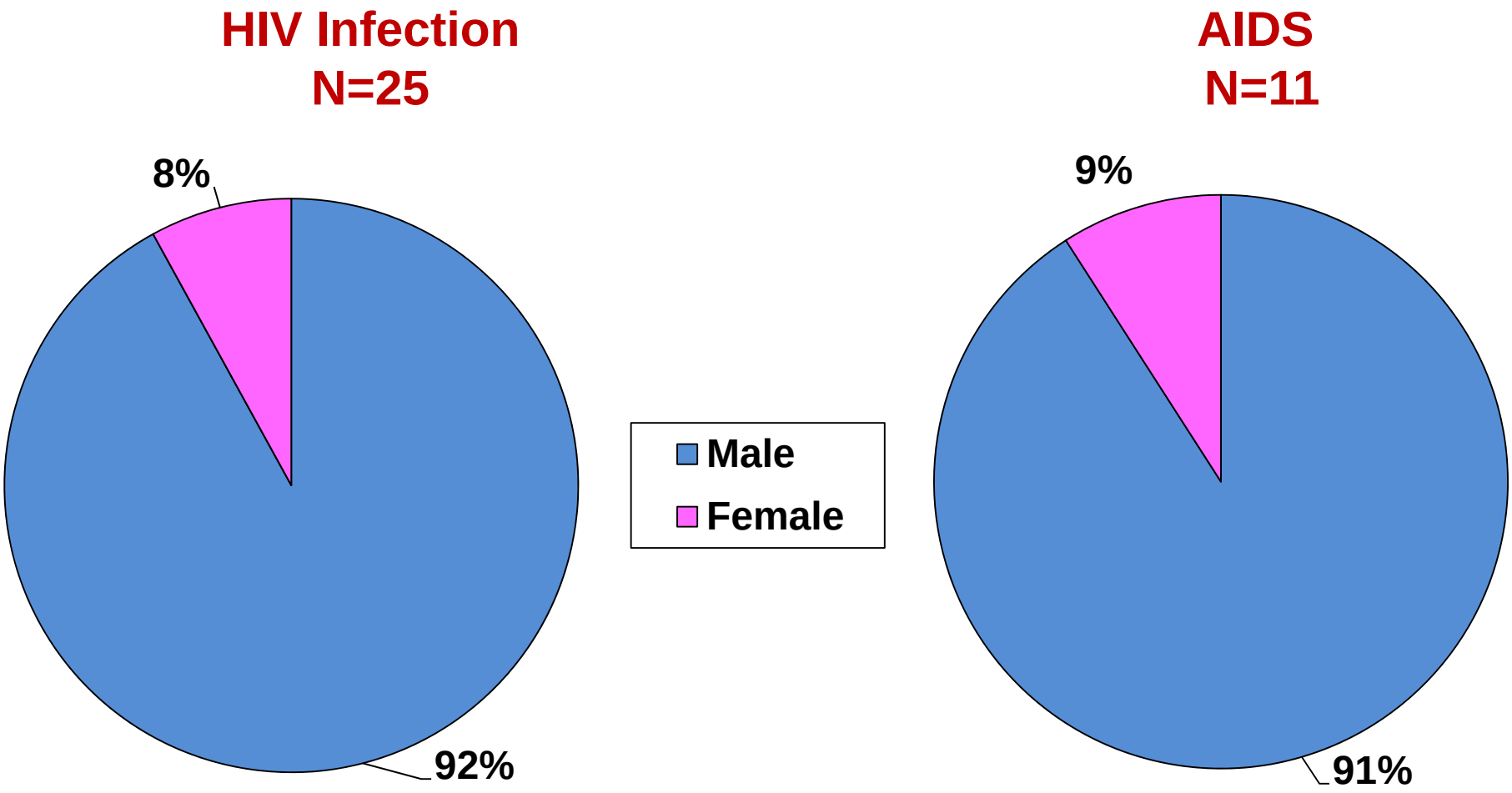
Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV Infection Cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult AIDS Cases, by Sex and Year of Report, 2004-2013, Partnership 11b



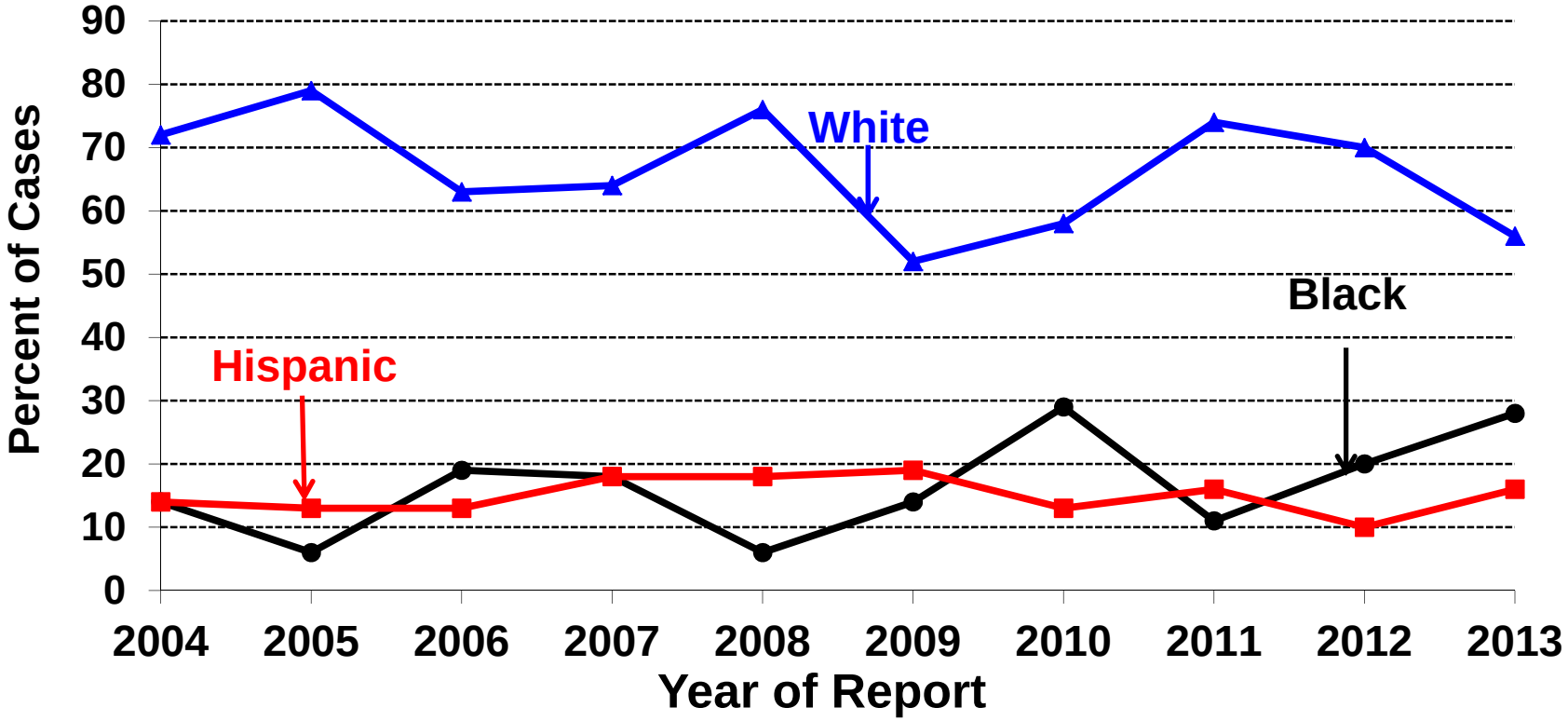
Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult HIV Infection and AIDS Cases by Sex, Reported in 2013, Partnership 11b



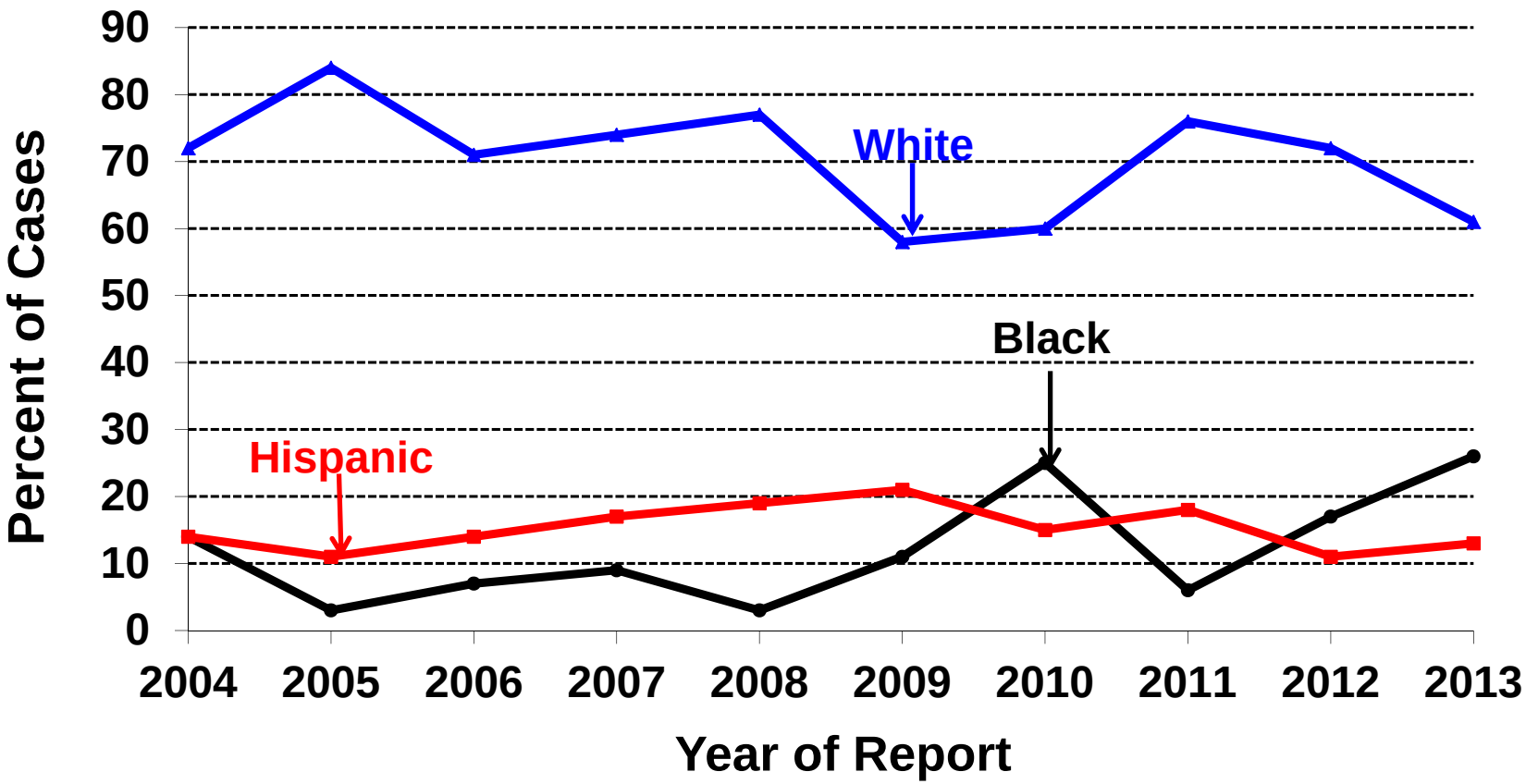
Note: Partnership 11b's Adult Population is: 53% Male and 47% Female.

Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



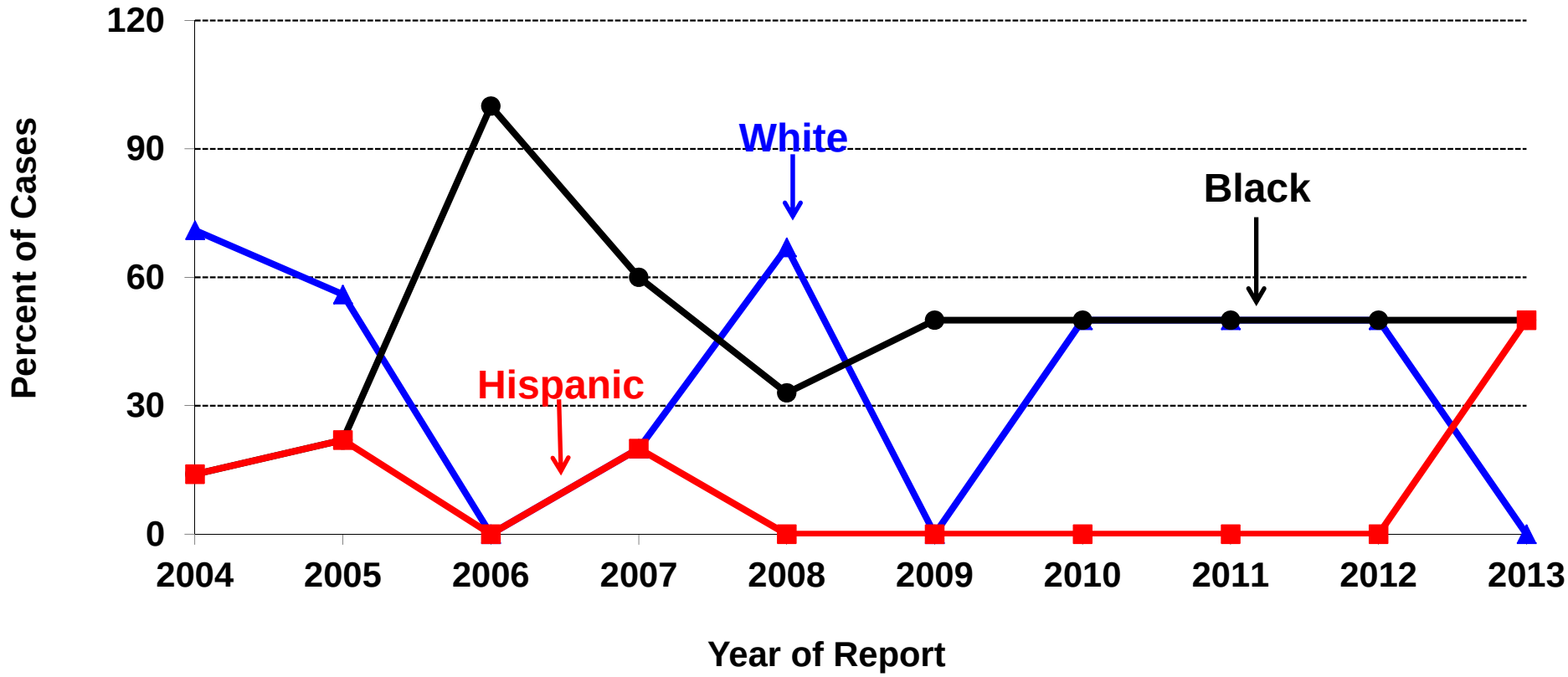
Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2004 to 2013, the proportion HIV infection cases among Hispanics and blacks increased by 2 and 14 percentage points, respectively. In contrast, the proportion of HIV infection cases decreased by 16 percentage points. Other races represent less than 1% of the cases and are not included.

Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



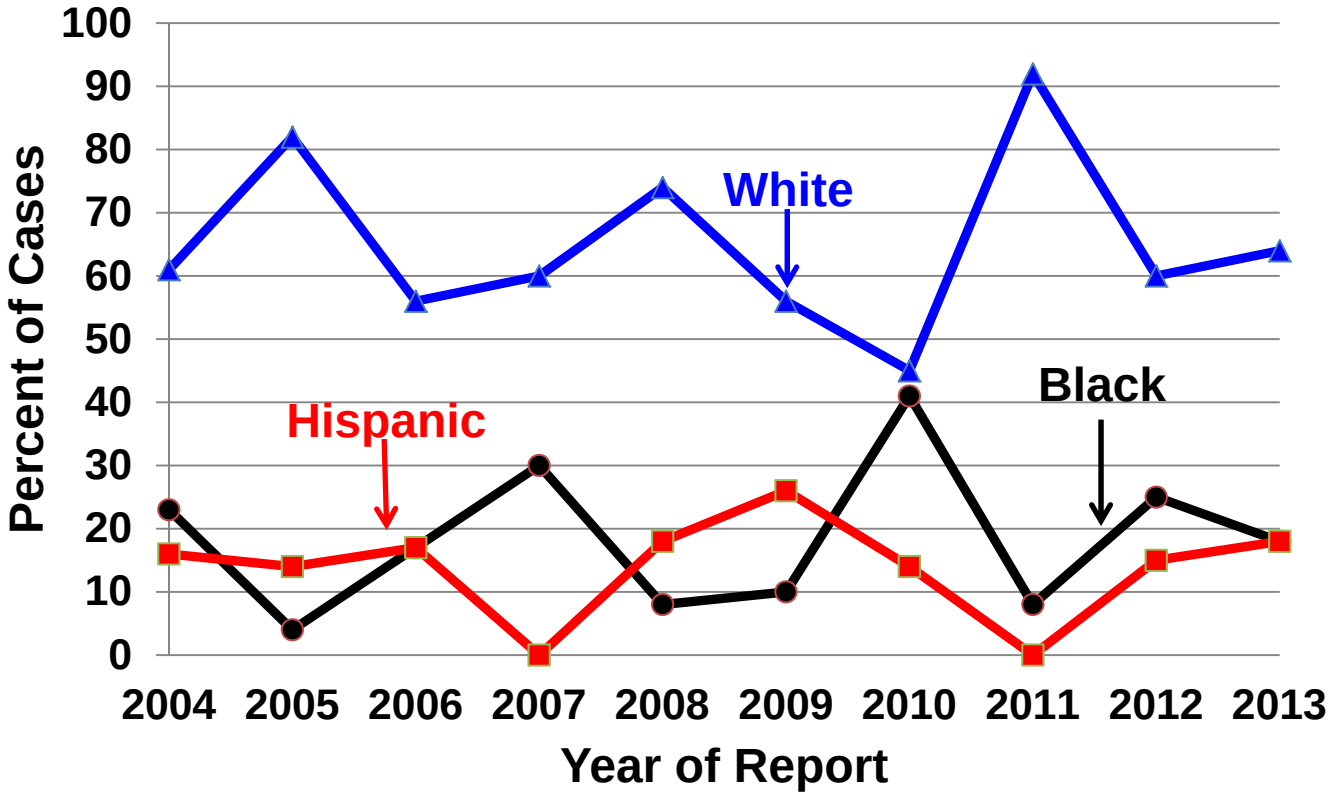
Note: The proportion of male HIV infection cases among blacks and Hispanics has shifted up and down over the years, at times, crossing paths. From 2004 to 2013, the proportion of HIV infection cases among Hispanic and white males decreased by 1 and 11 percentage points, respectively. In contrast, the proportion of HIV infection cases among black males increased by 12 percentage points. Other races represent less than 1% of the cases and are not included.

Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



Note: Partnership 11b has small number of new female HIV infection cases each year which at times can make data by year and race difficult to interpret. From 2004 to 2013, the proportion of adult female HIV cases increased by 36 percentage points among both blacks and Hispanics. In contrast, the proportion of adult female HIV cases among whites decreased by 71 percentage points, during the same time period.

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



Factors Affecting Disparities

-Late diagnosis of HIV.

-Access to/ acceptance of care.

-Delayed prevention messages.

-Stigma.

-Non-HIV STD's in the community.

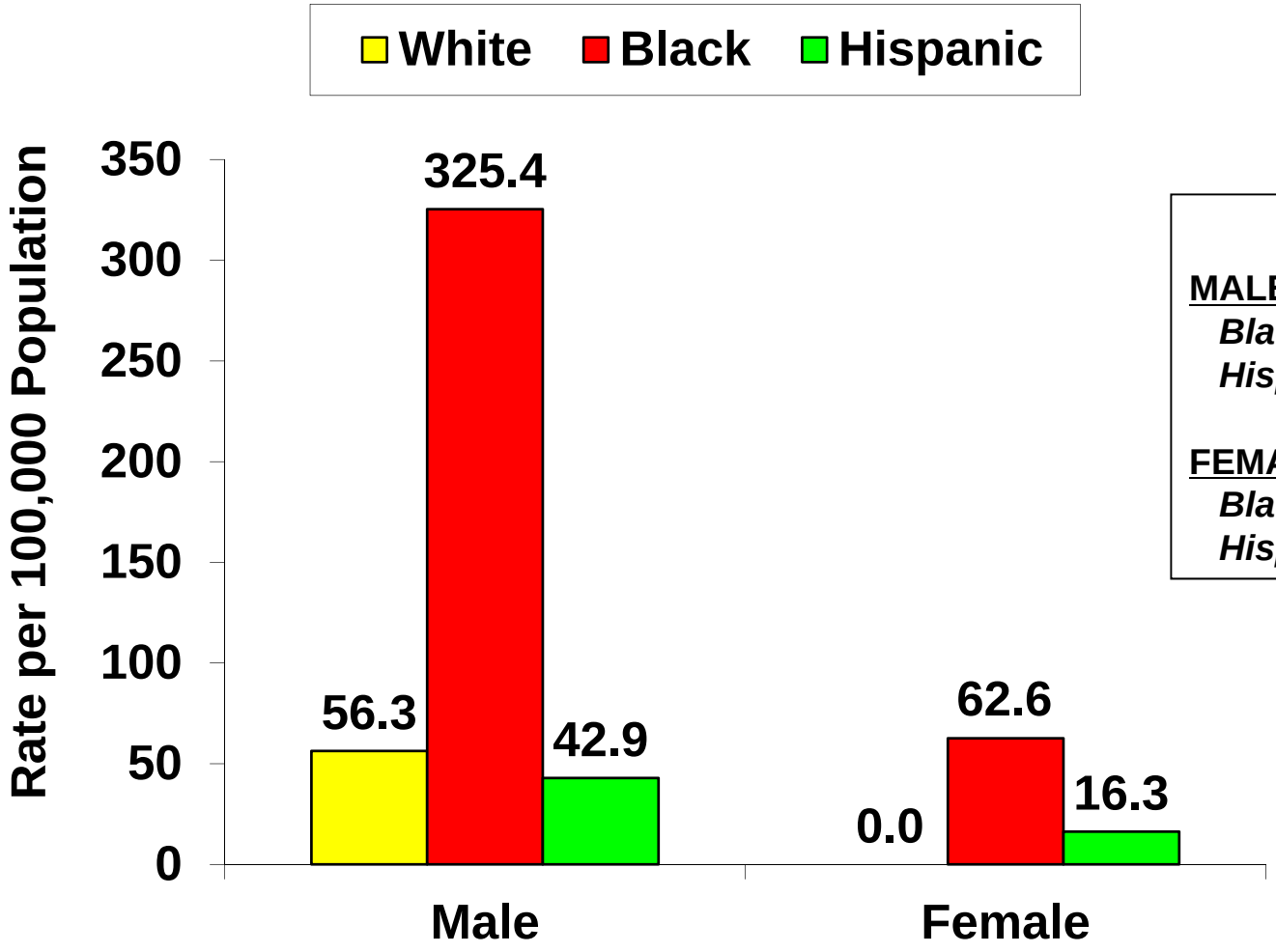
-Prevalence of injection drug use.

-Complex matrix of factors related to socioeconomic status

In 2013, blacks accounted for 18% of adult AIDS cases, but only 5% of the population. From 2004 to 2013, the proportion of AIDS cases among whites and Hispanics increased by 4 and 2 percentage points, respectively. In contrast, the proportion of AIDS cases among blacks decreased by 5 percentage points. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 10% of the cases and are not included.

Florida HEALTH

Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 11b



Rate Ratios:

MALES

Black:White, 5.8:1

Hispanic:White, 0.8:1

FEMALES

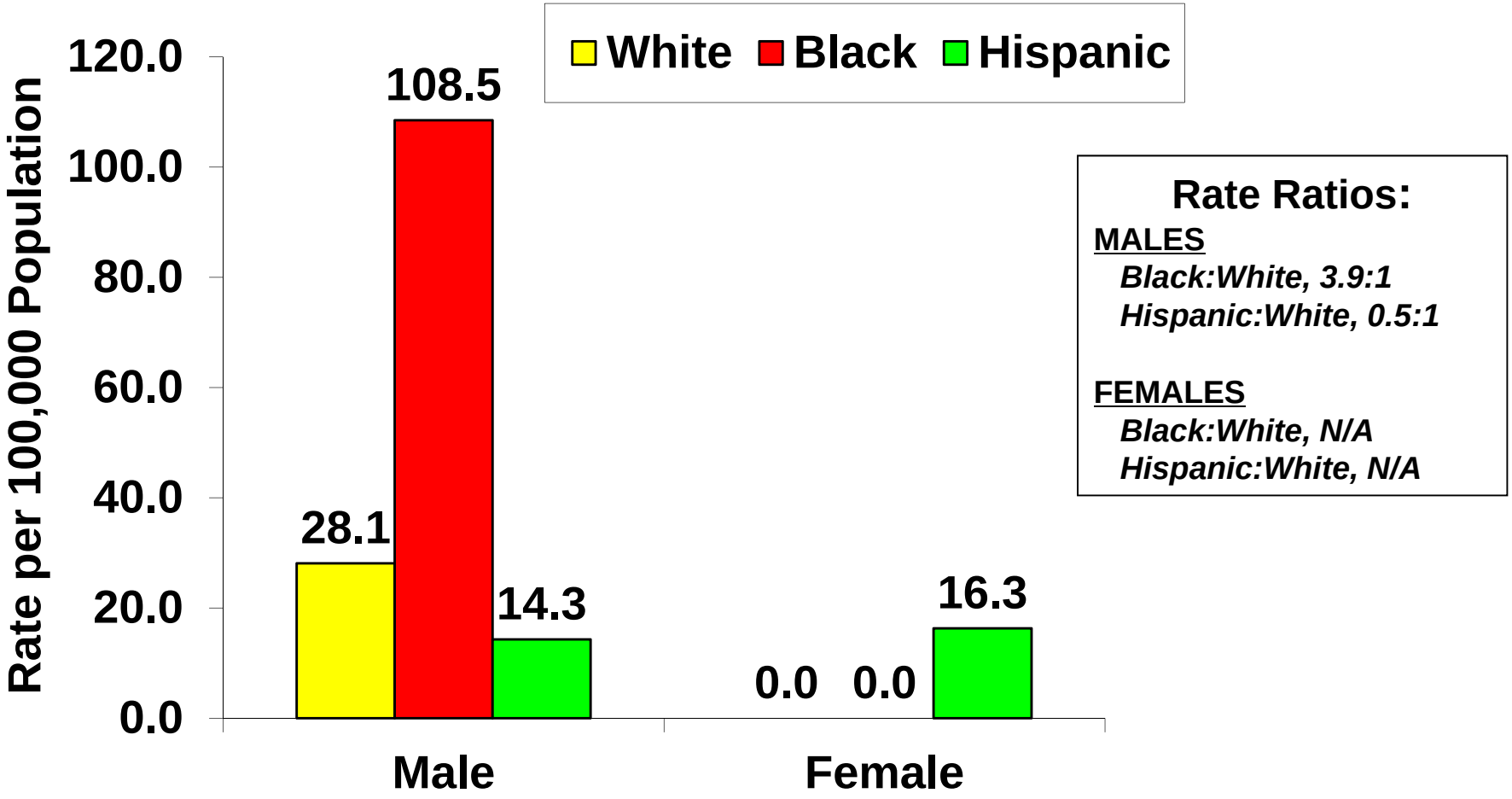
Black:White, N/A

Hispanic:White, N/A

Note: Among black males, the HIV infection case rate is nearly 6 times higher than the rate among white males. In contrast, Hispanic males have a lower HIV case rate compared to the rate among white males. The HIV infection case rate is highest among black females in comparison to the their white and Hispanic counterparts.

***Source: Population estimates are provided by Florida CHARTS as of 06/03/2014**

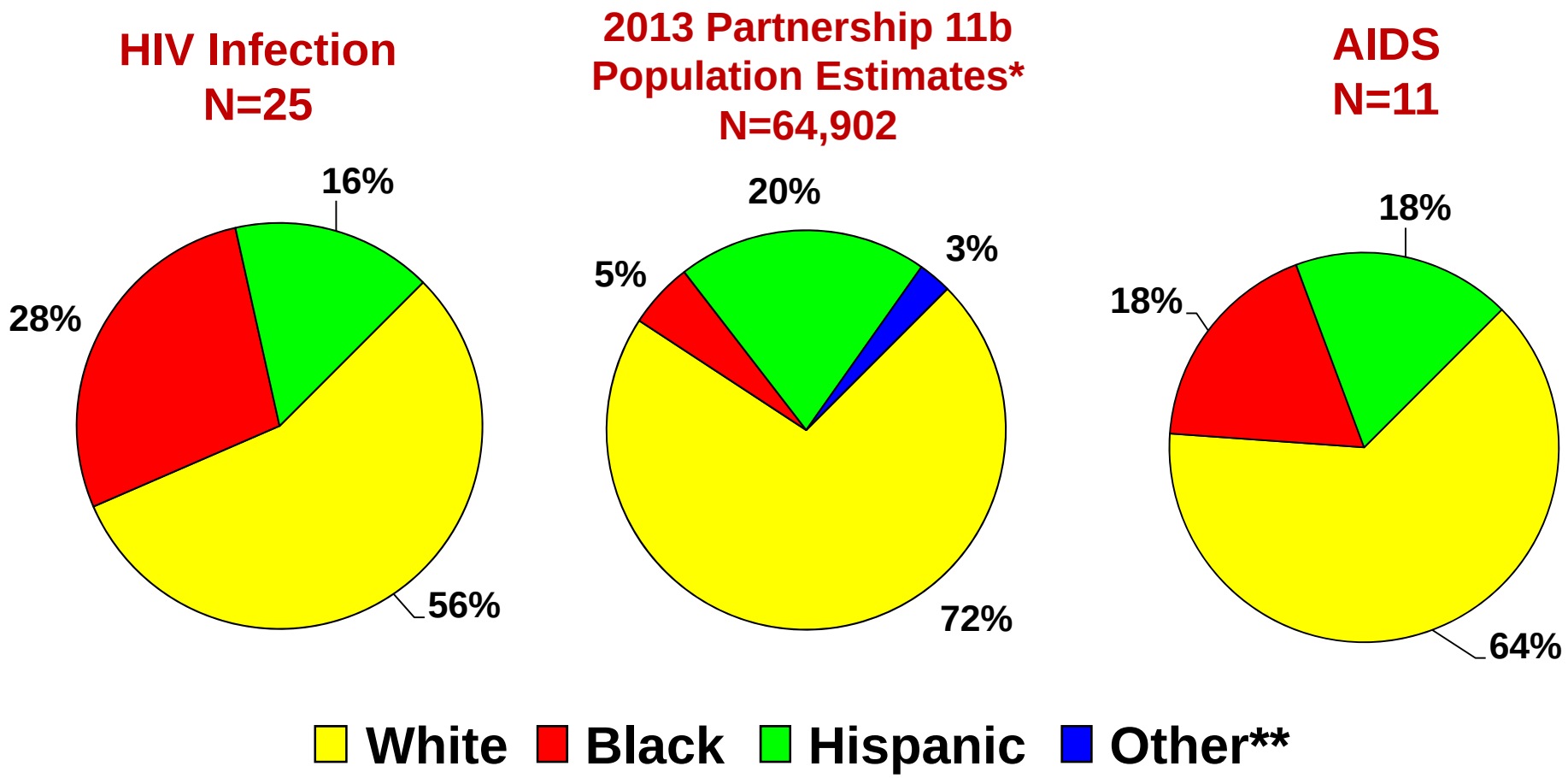
Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 11b



Note: Among black males, the AIDS case rate is nearly 4 times higher than the rate among white males. In contrast, the AIDS case rate among Hispanic males is lower than the rate among white males. The AIDS case rate is highest among Hispanic females in comparison to the their white and black counterparts.

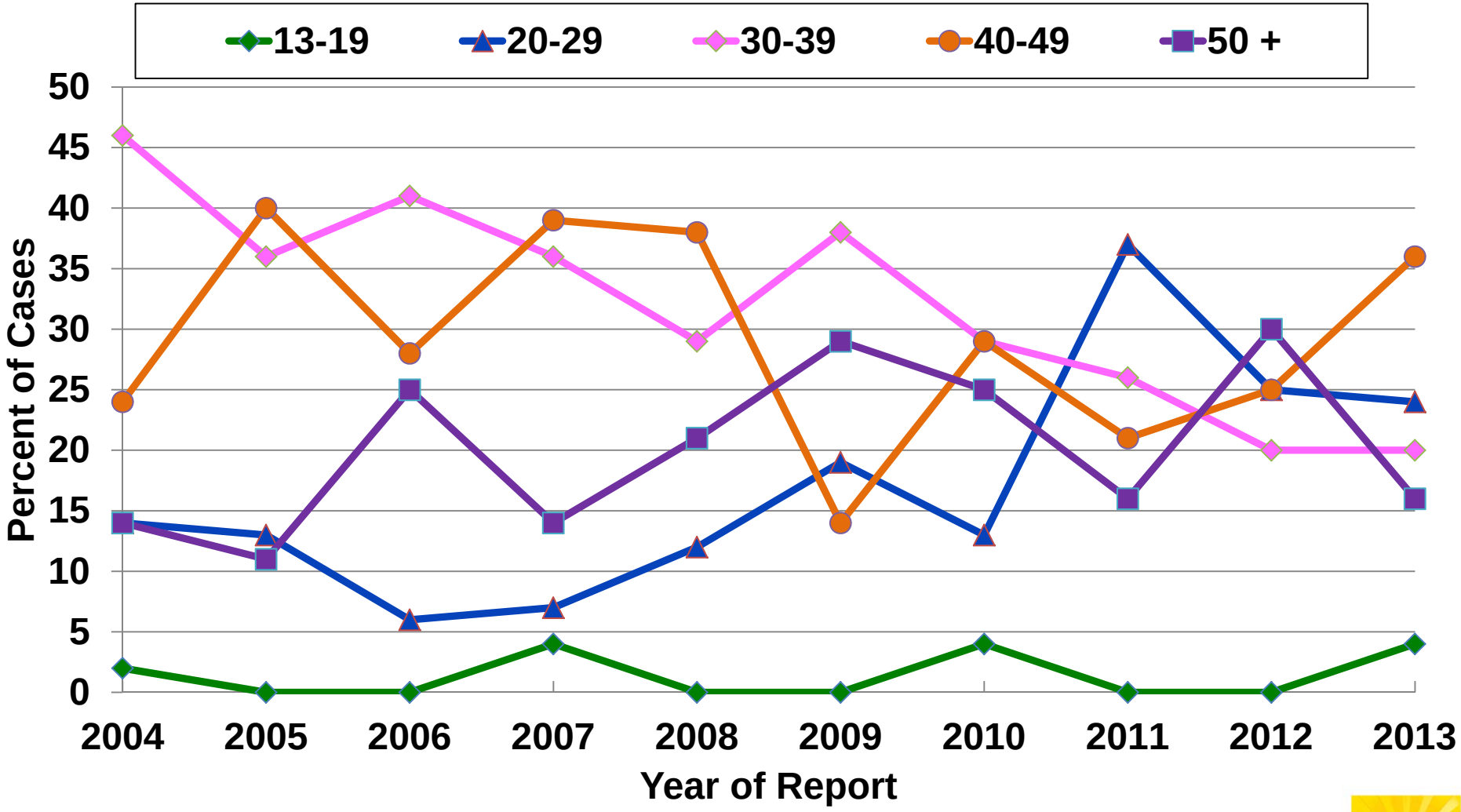
***Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.**

Adult HIV and AIDS Cases Reported in 2013 and Population Data, by Race/Ethnicity, Partnership 11b



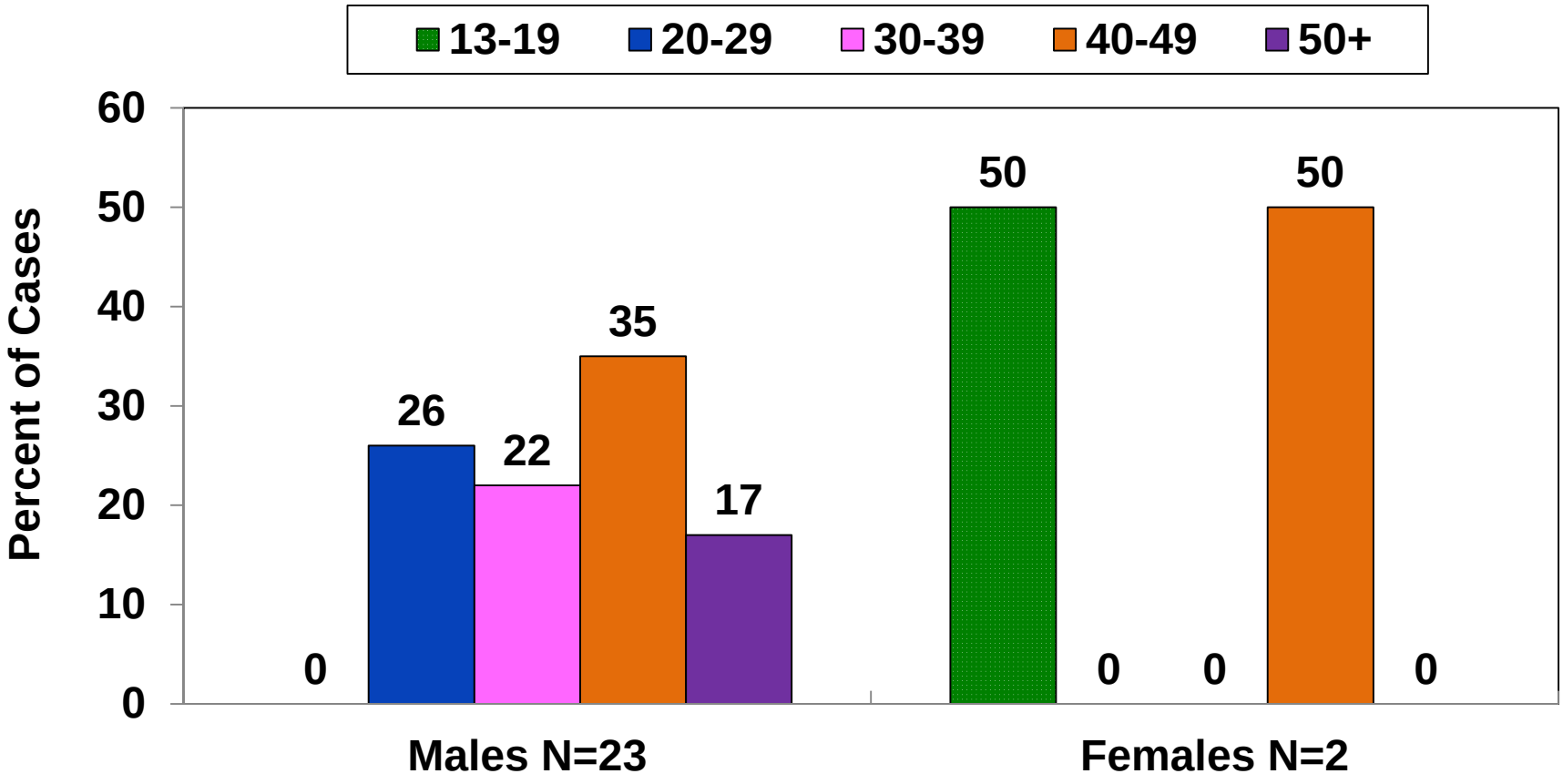
Note: In this snapshot for 2013, blacks are over-represented among the HIV and AIDS cases, accounting for 28% of adult HIV infection cases and 18% of adult AIDS cases, but only 5% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of the population.
***Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.**
****Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.**

Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2004–2013, Partnership 11b



Note: From 2004 to 2013, the proportion of adult HIV infection cases among those aged 20-29 and those aged 40-49 increased by 10 and 12 percentage points, respectively.

Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2013, Partnership 11b



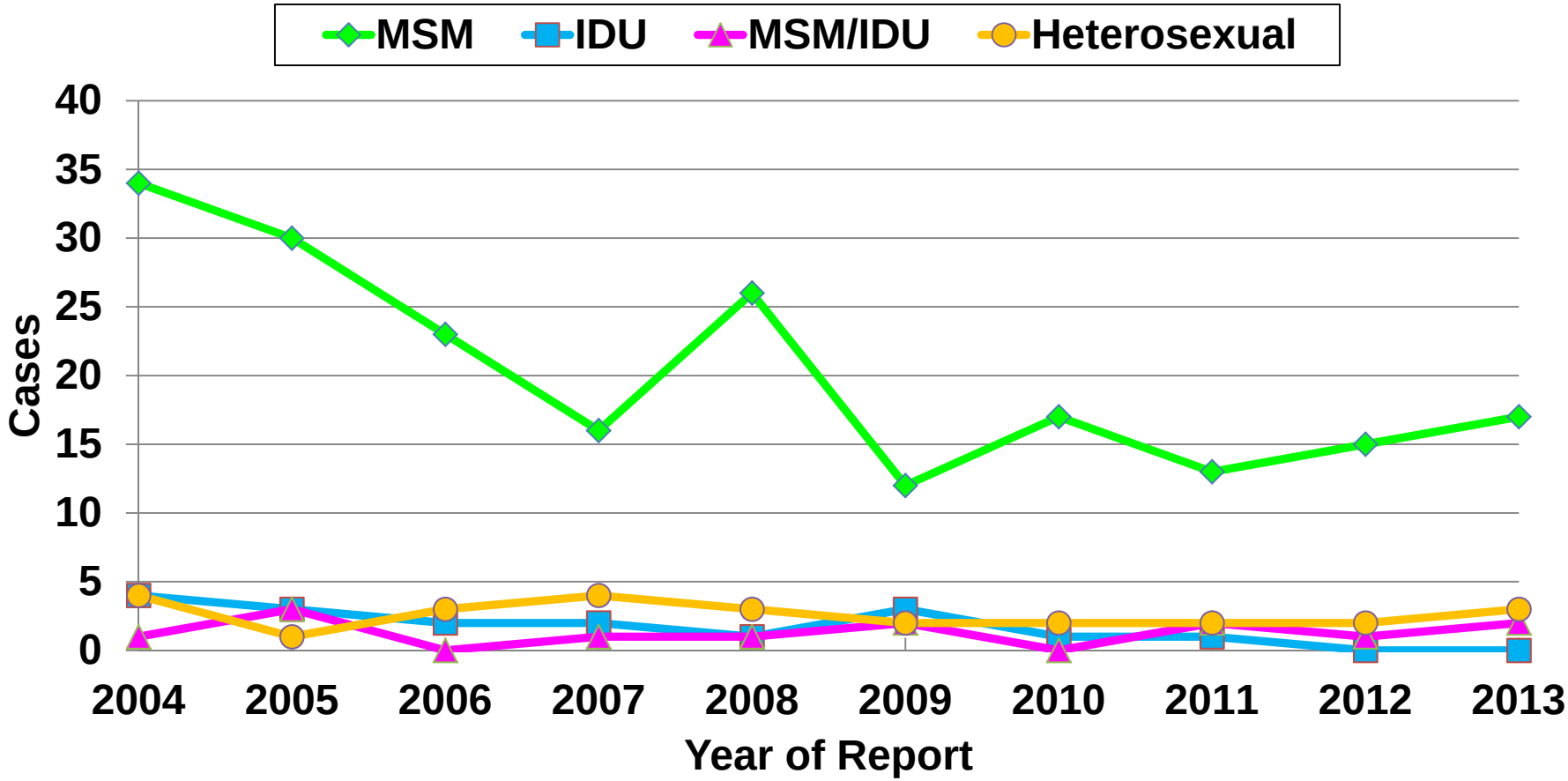
Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age groups with the highest percent of HIV infection cases, recent estimates show that among males, 35% of HIV infection cases occur among those aged 40-49. Among females, the percent of HIV cases is split evenly (50%) among the 20-29 and 50+ age groups.

Definitions of Mode of Exposure Categories

- **MSM =** Men who have sex with men
- **IDU =** Injection Drug User
- **MSM/IDU =** Men who have sex with men & Injection Drug User
- **Heterosexual =** Heterosexual contact with person with HIV/AIDS or known HIV risk
- **OTHER** = includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.
- **NIR =** Cases reported with No Identified Risk
- **Redistribution of NIRs =** This illustrates the effect of statistically assigning (redistributing) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs.

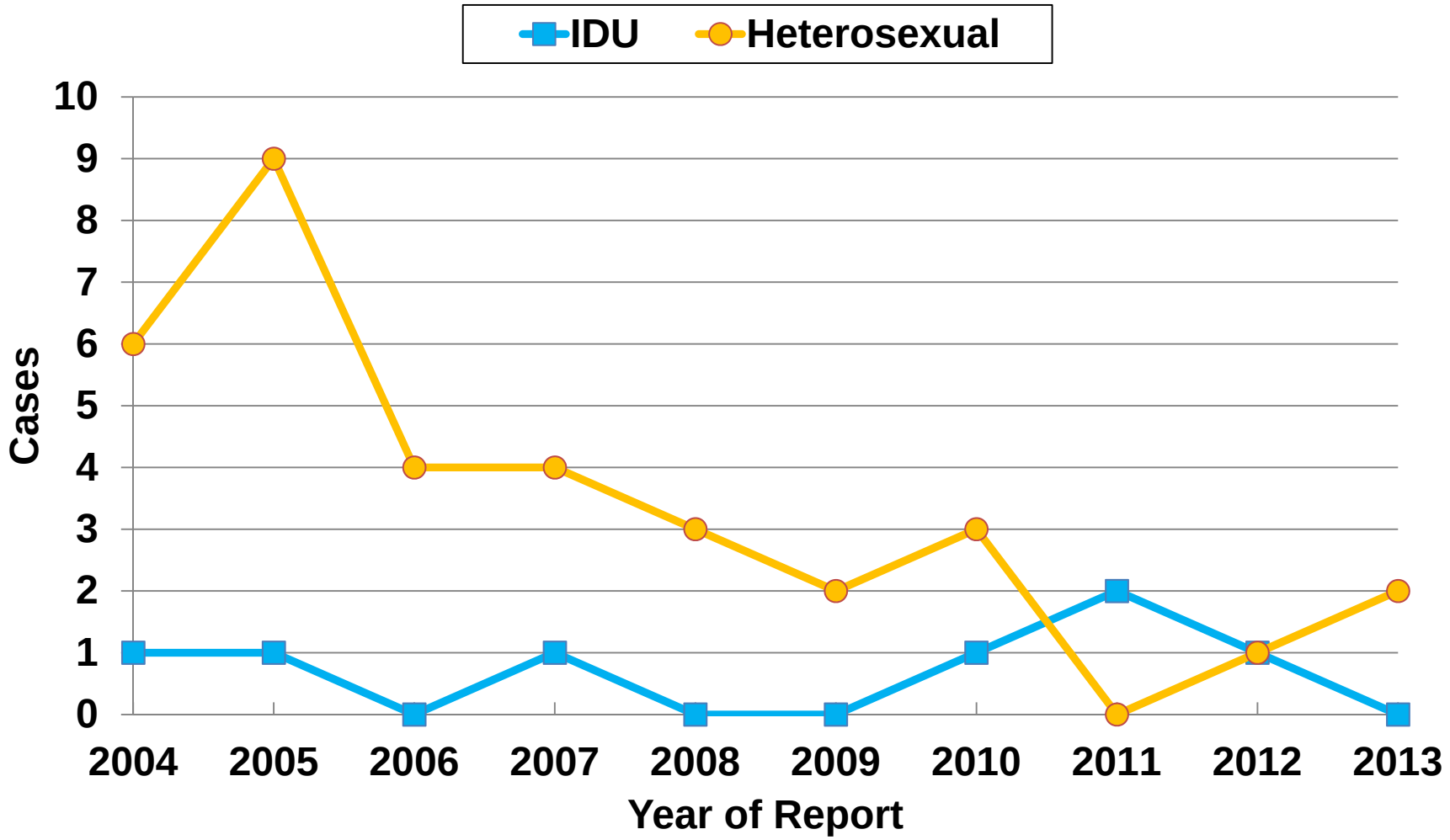
Florida HEALTH

Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2004–2013, Partnership 11b



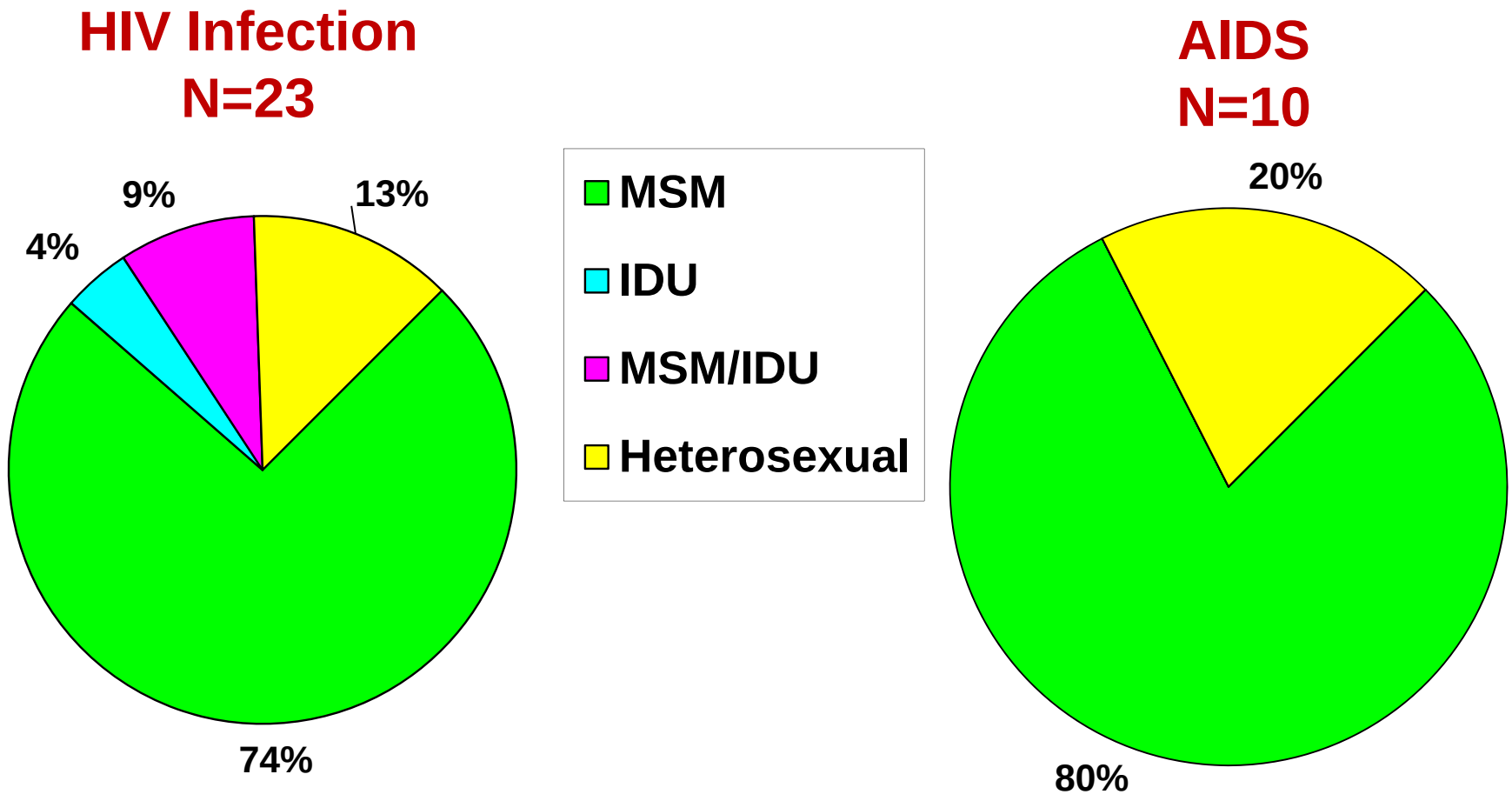
Note: NIRs redistributed. For most years, men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 11b.

Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 11b



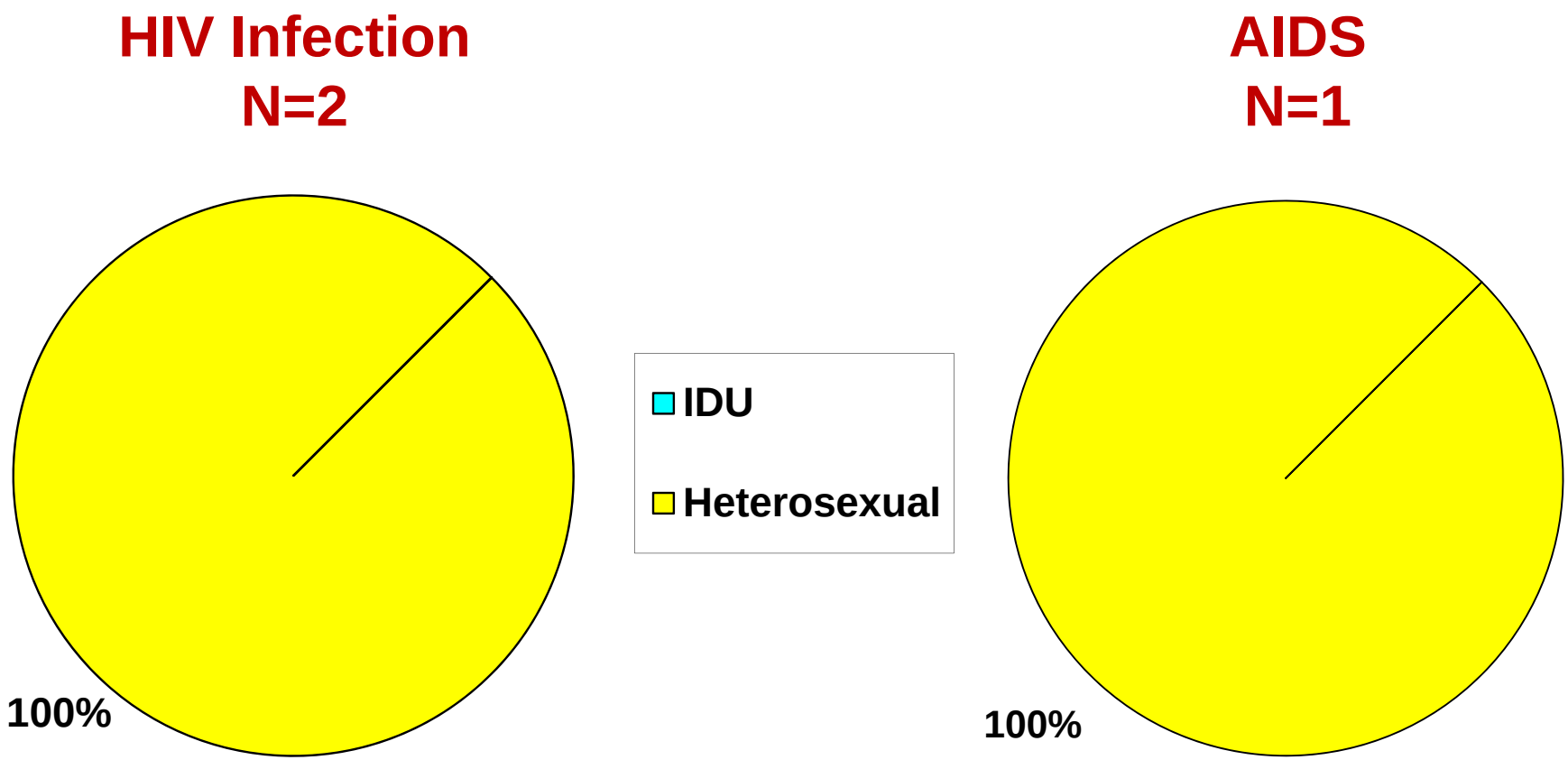
Note: NIRs redistributed. Heterosexual risk continues to be the dominant mode of exposure among females for most of the years, followed by Injection Drug Use (IDU).

Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2013, Partnership 11b



Note: NIRs redistributed. Among the male HIV infection and AIDS cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (74% and 80% respectively). The recent increase among MSM is indicated by the higher MSM among HIV infection cases compared to AIDS cases, as HIV infection cases tend to represent a more recent picture of the epidemic.

Adult Female HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2013, Partnership 11b



Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported in 2013, heterosexual contact was the most common risk factor (100%).

Cases Living with HIV Disease

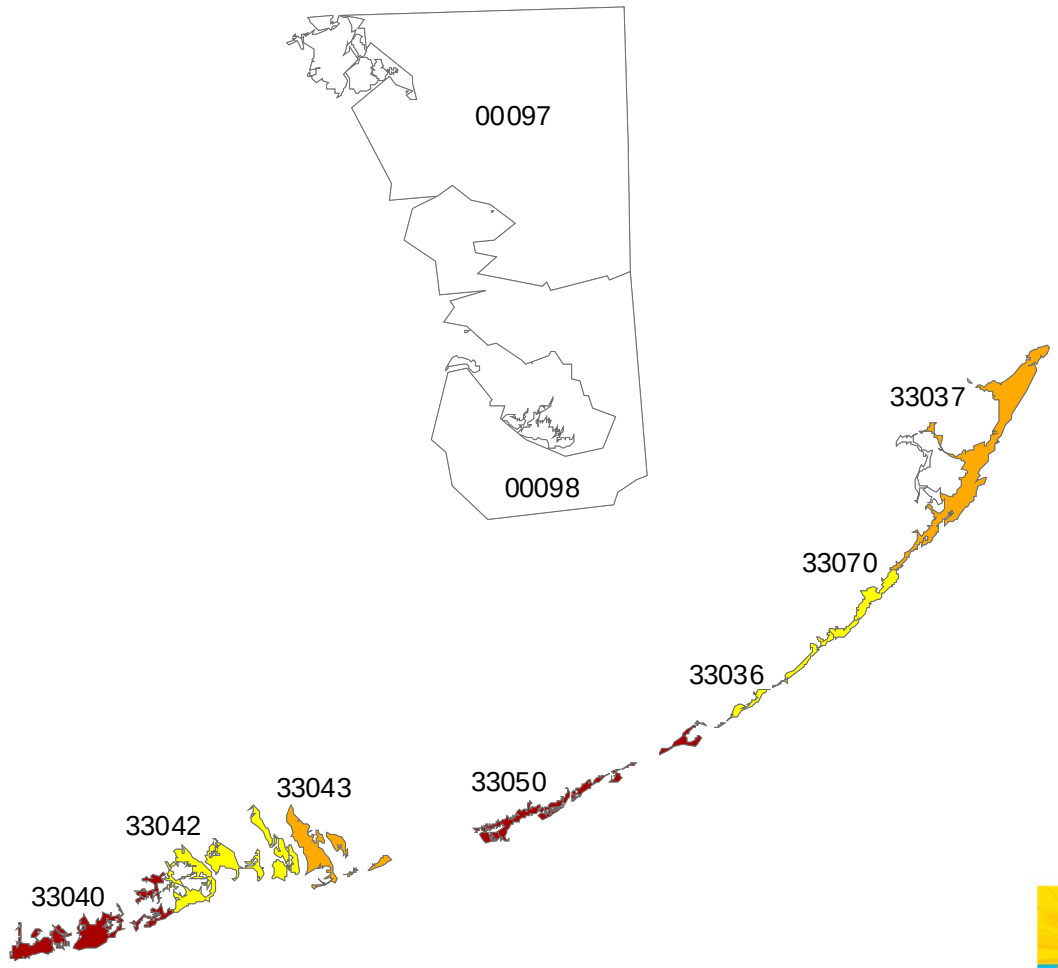
Florida HEALTH

Adults Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11b

Total Living HIV/AIDS Cases

- 0
- 1 - 10
- 11 - 20
- 21 - 30
- Over 30

N=682



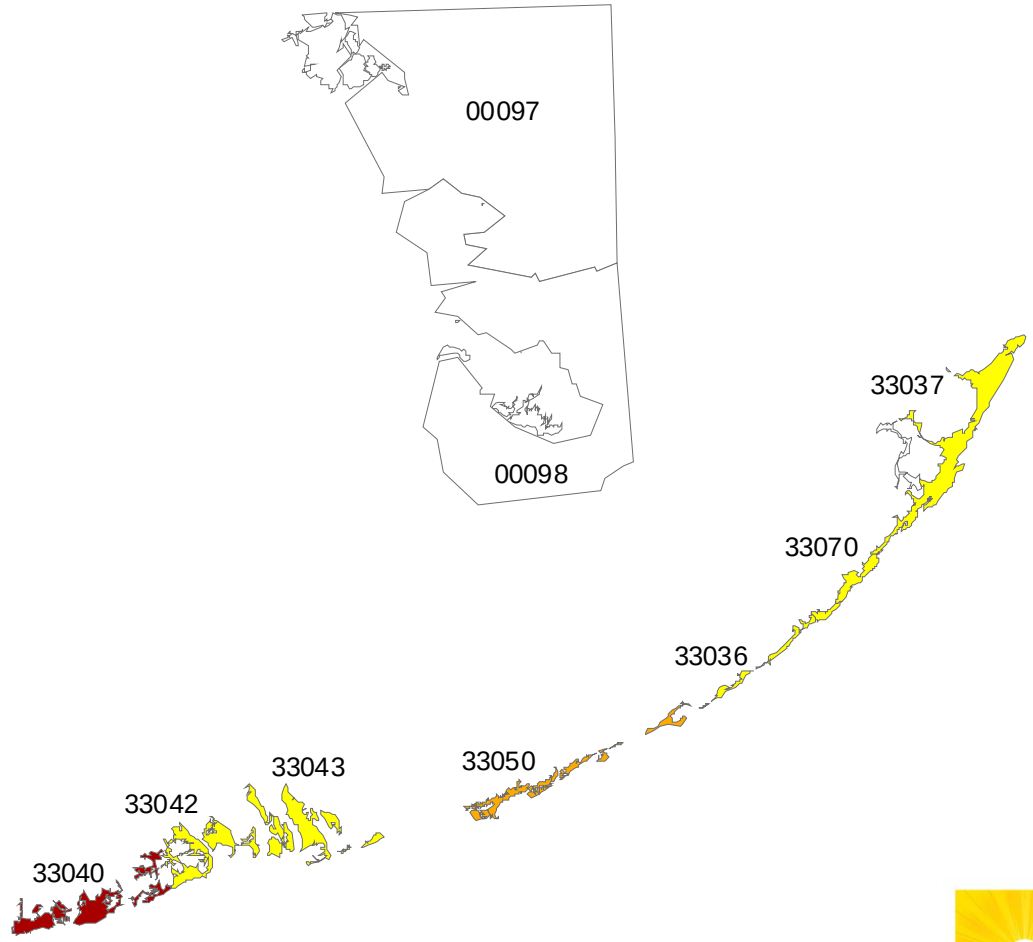
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11b

Presumed Living
MSM HIV/AIDS Cases

- 0
- 1 - 10
- 11 - 20
- 21 - 30
- Over 30

N=555

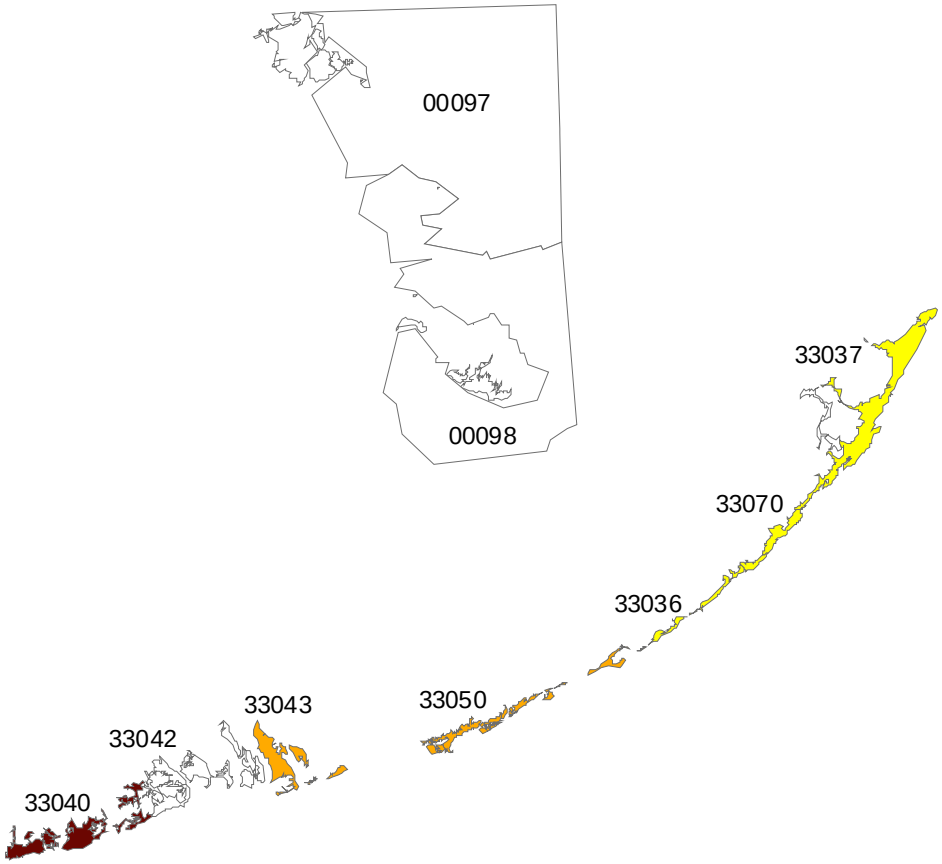


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 04/07/2014

Injection Drug Users (IDUs)*
Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11b

Presumed Living
IDU HIV/AIDS Cases

- 0
- 1 - 5
- 6 - 10
- Over 10



N=76

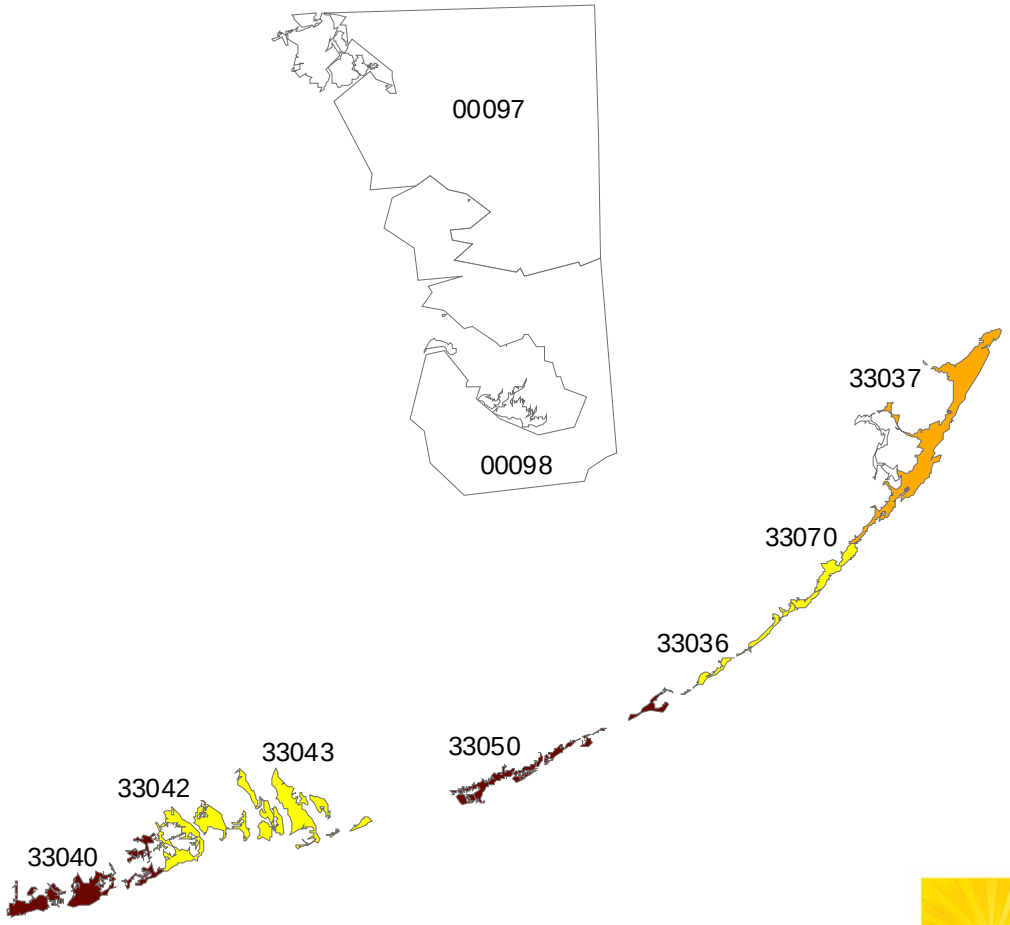
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 04/07/2014

Adult Heterosexuals Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11b

Presumed Living Heterosexual HIV/AIDS Cases

- 0
- 1 - 5
- 6 - 10
- Over 10

N=93



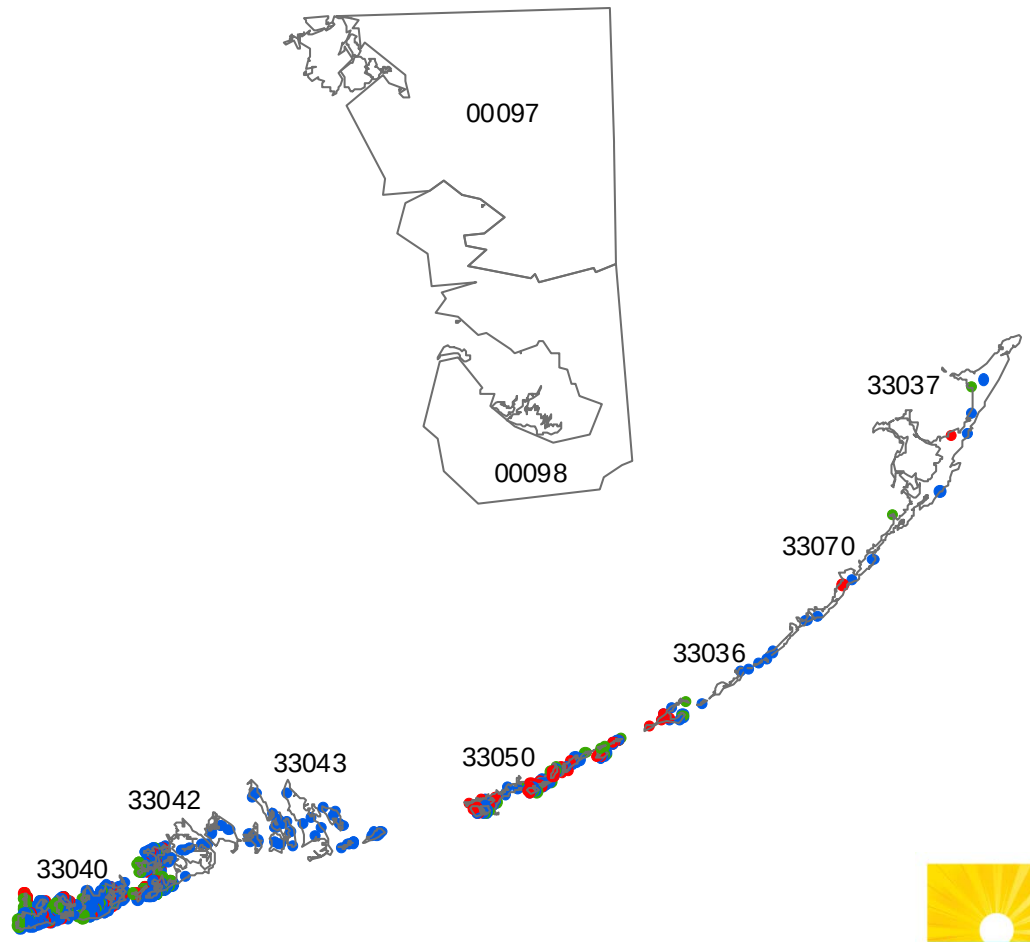
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Reported through 2013, Partnership 11b

1 Dot = 3 cases
Dots are randomly placed within zip codes.

- **Hispanic**
- **Black, not-Hispanic**
- **White, not-Hispanic**

N=669



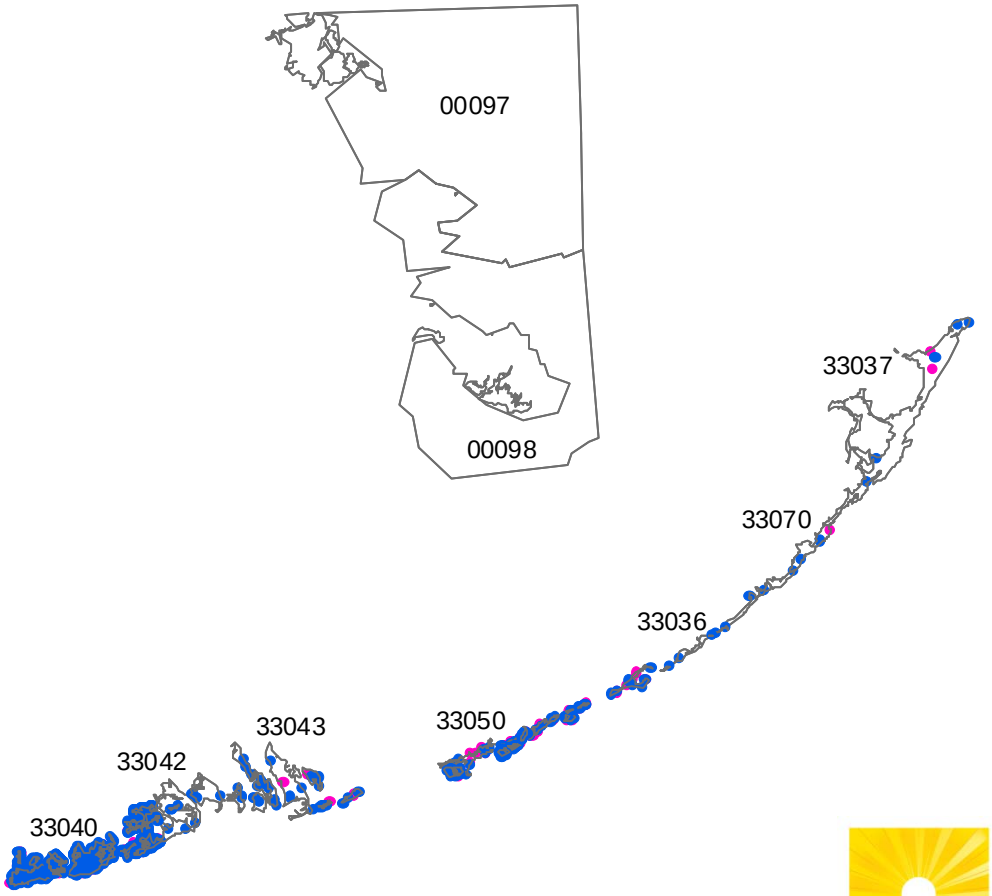
Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

Adults Living with HIV Disease By Zip Code and Sex, Reported through 2013, Partnership 11b

1 Dot = 3 cases
Dots are randomly placed within zip codes.

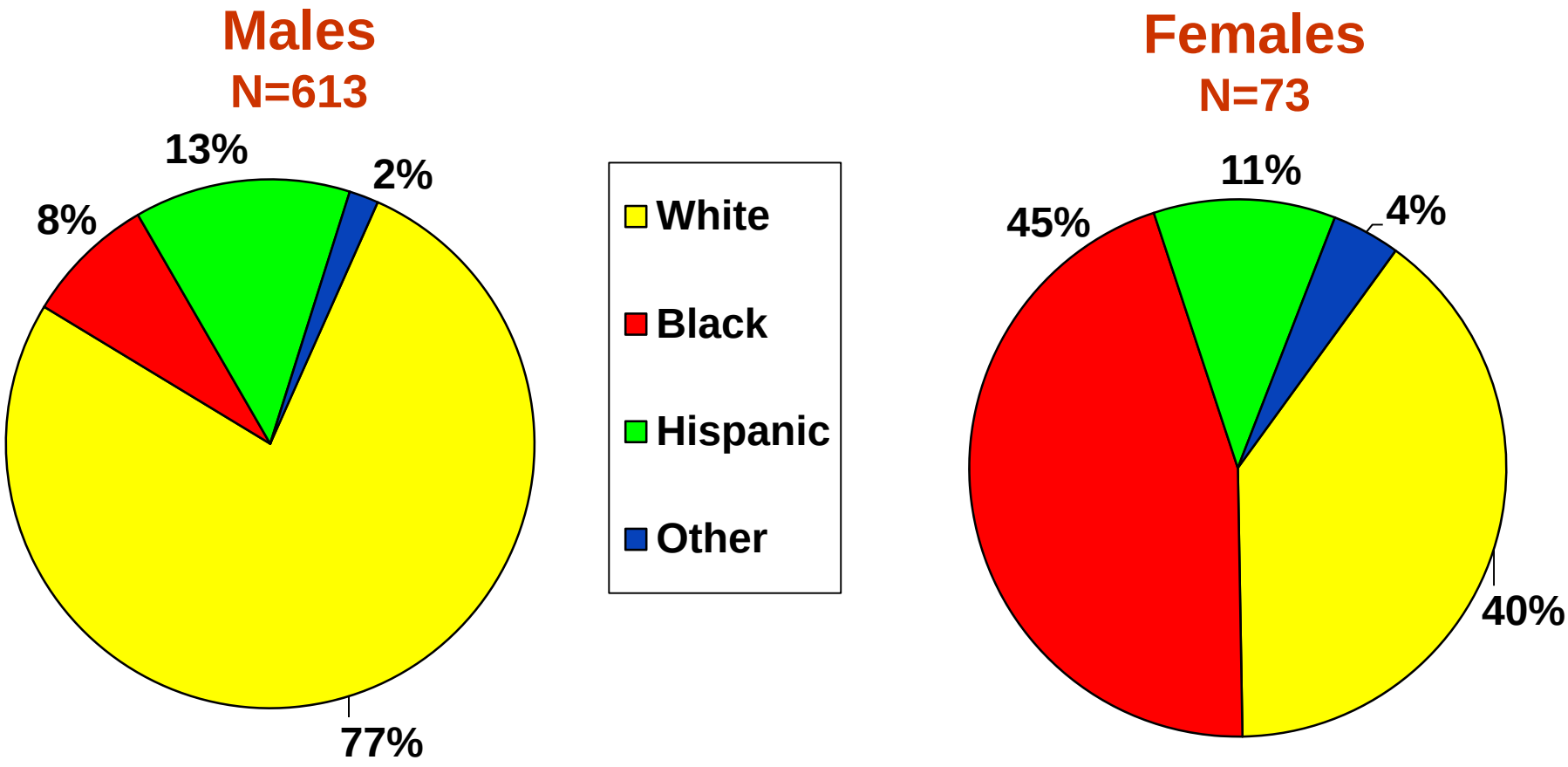
- **Male**
- **Female**

N=682



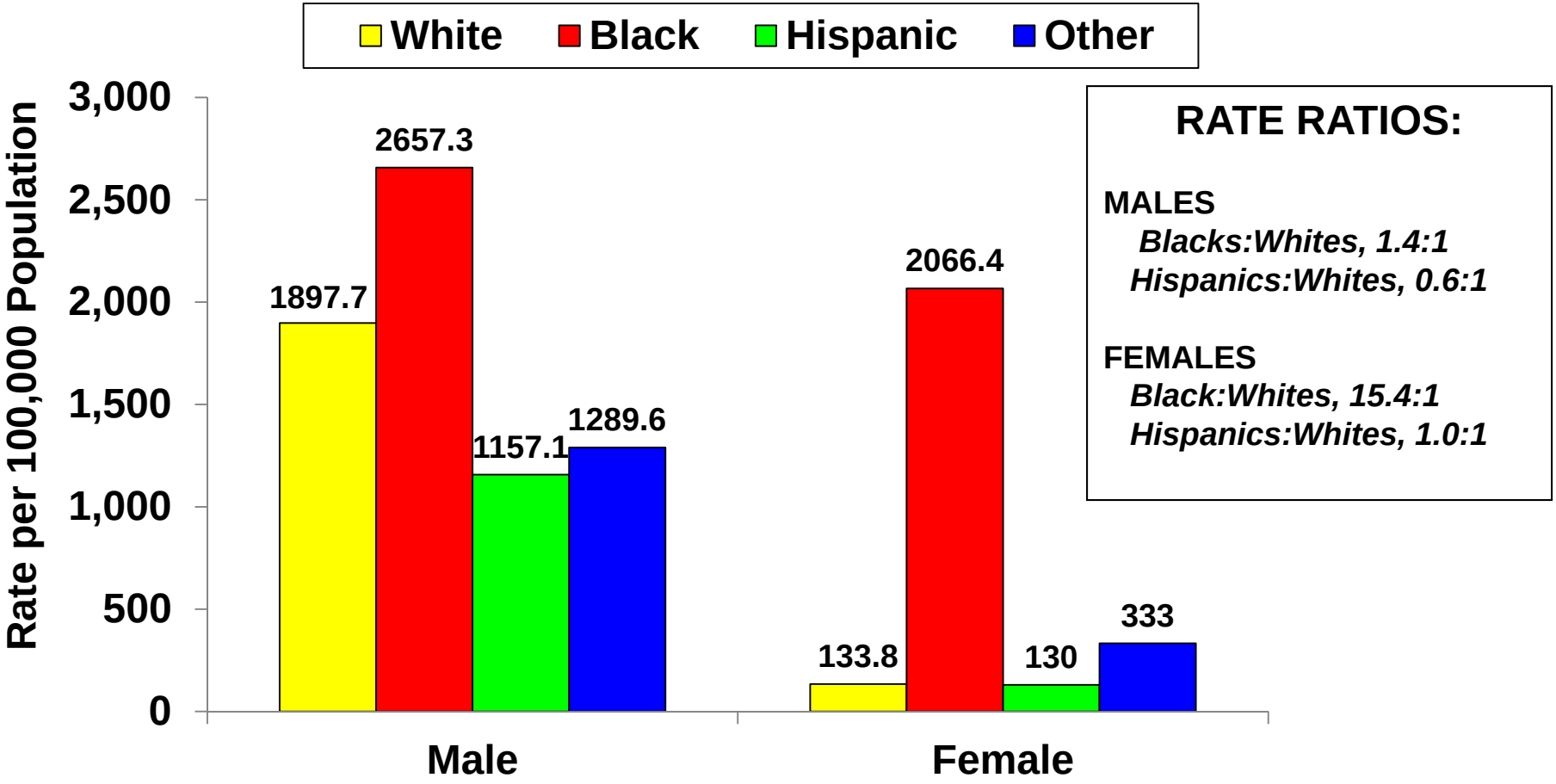
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

Adults Living with HIV Disease, by Sex and Race/Ethnicity Reported through 2013, Partnership 11b



Note: Among adult males living with HIV disease, whites represent the race most affected (77%). Among adult females living with HIV disease, blacks represent the race most affected (45%). *Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.

Case Rates* of Adults Living with HIV Disease, by Sex and Race/Ethnicity, Reported through 2013, Partnership 11b

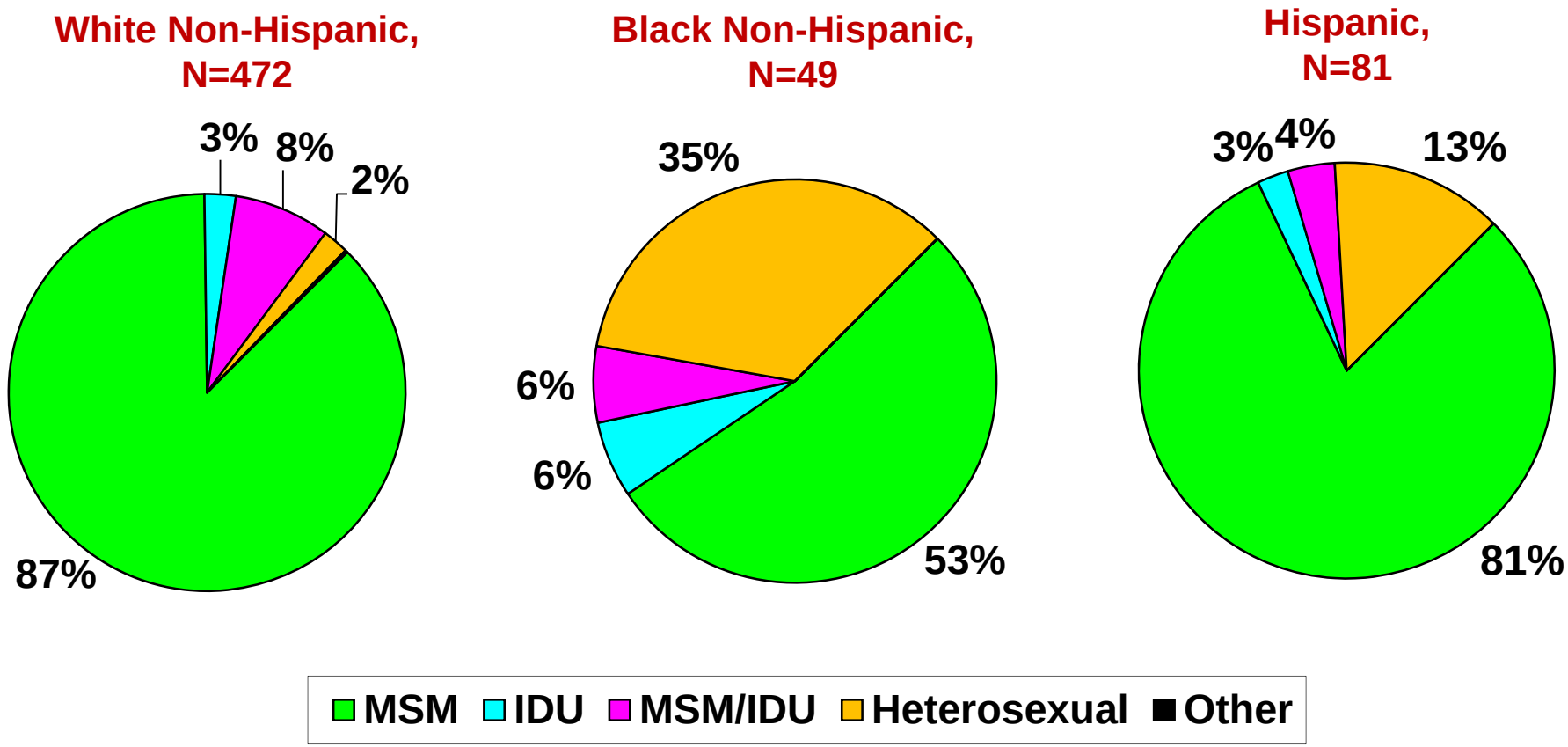


Note: Among adult black males living with HIV disease reported through 2013, the case rate is slightly higher than the rate among white males. Among adult black females living with HIV disease, the case rate is 15 times higher than the rate among white females. The Hispanic male rate is lower than the rate among their white counterpart, whereas the Hispanic female rate is equivalent to the rate among their white counterpart. Data excludes Department of Corrections cases.

***Source: Population estimates are provided by Florida CHARTS**

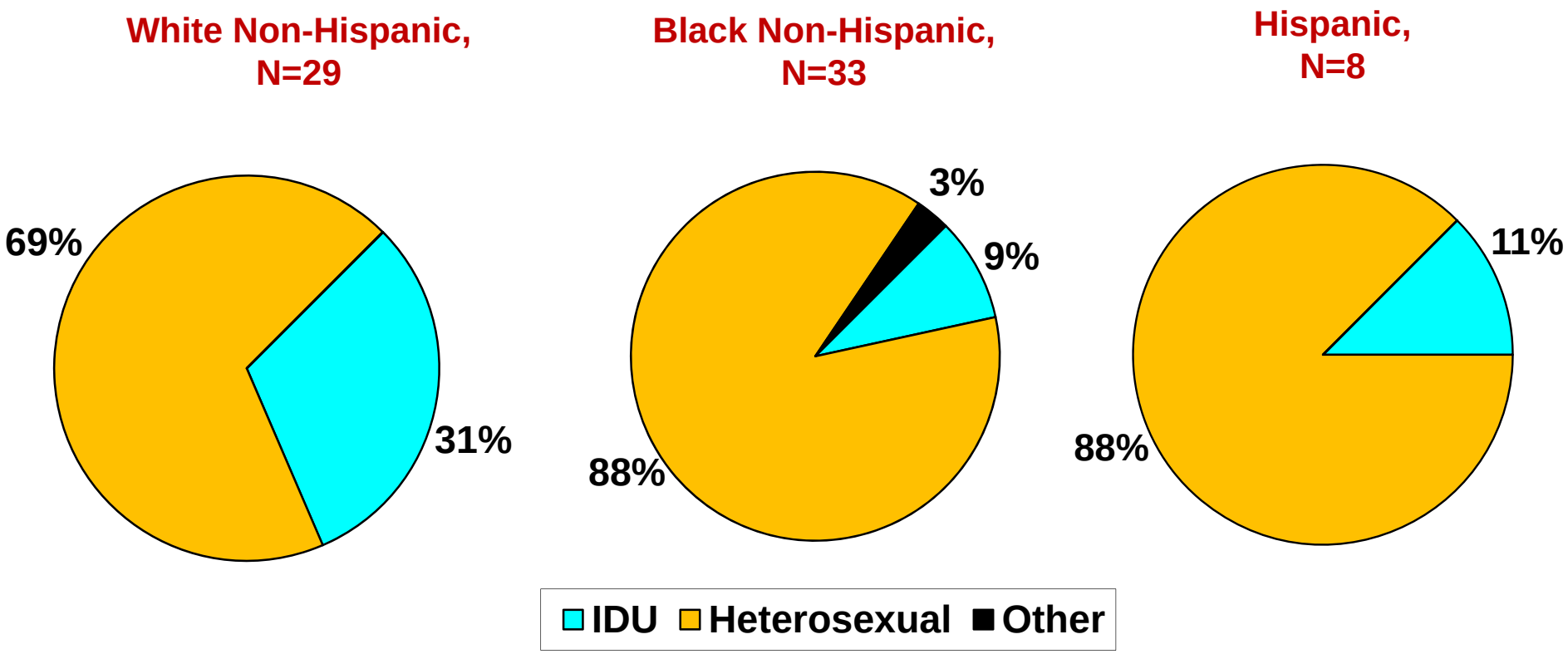
****Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.**

Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2013, Partnership 11b



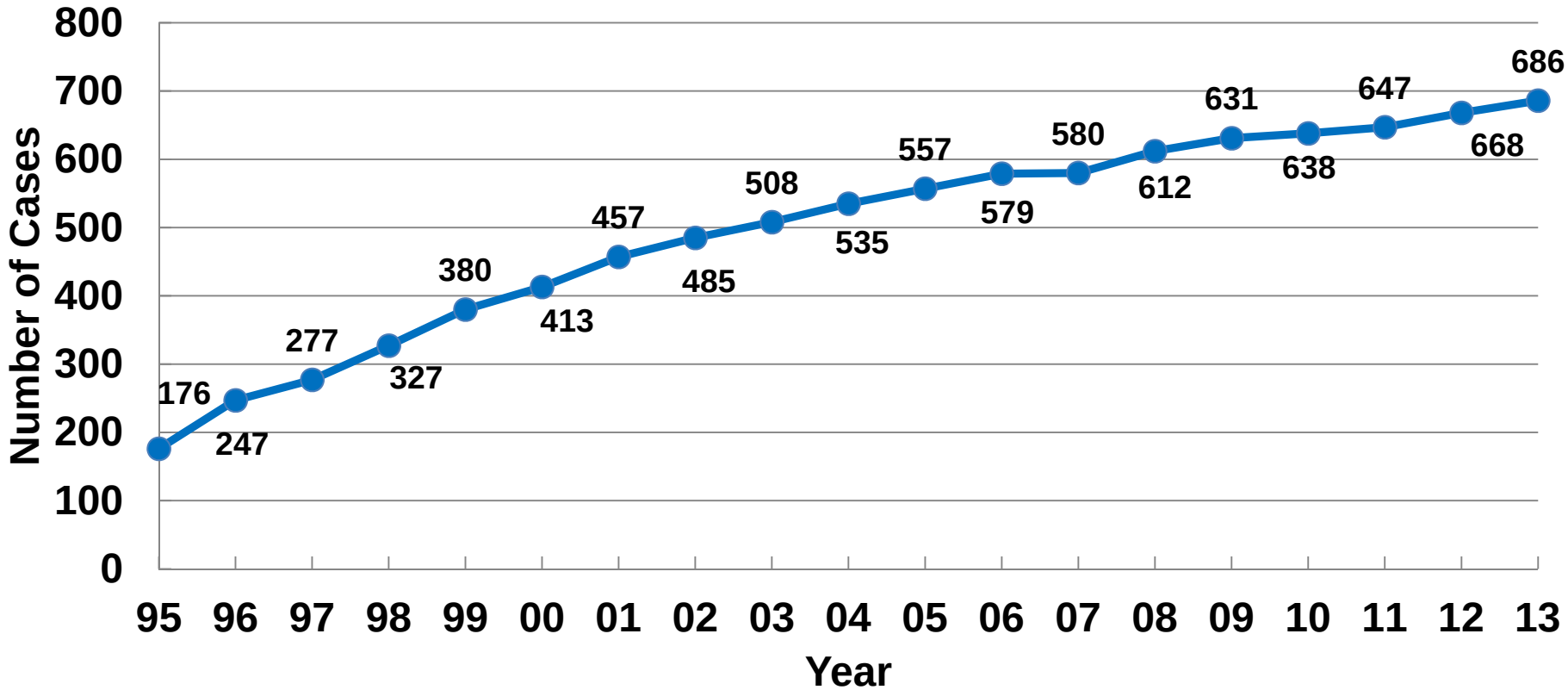
Note: NIRs redistributed. Among males living with HIV disease, the distribution of risk among blacks differs from that among whites and Hispanics. MSM represents the highest risk for all races. White males have the smallest proportion of heterosexual contact cases.

Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2013, Partnership 11b



Note: NIRs redistributed. Among adult females living with HIV disease, the distribution of risk among whites differs from that among blacks and Hispanics. Heterosexual contact is the majority risk for all races. However, whites have the largest proportion of IDU cases.

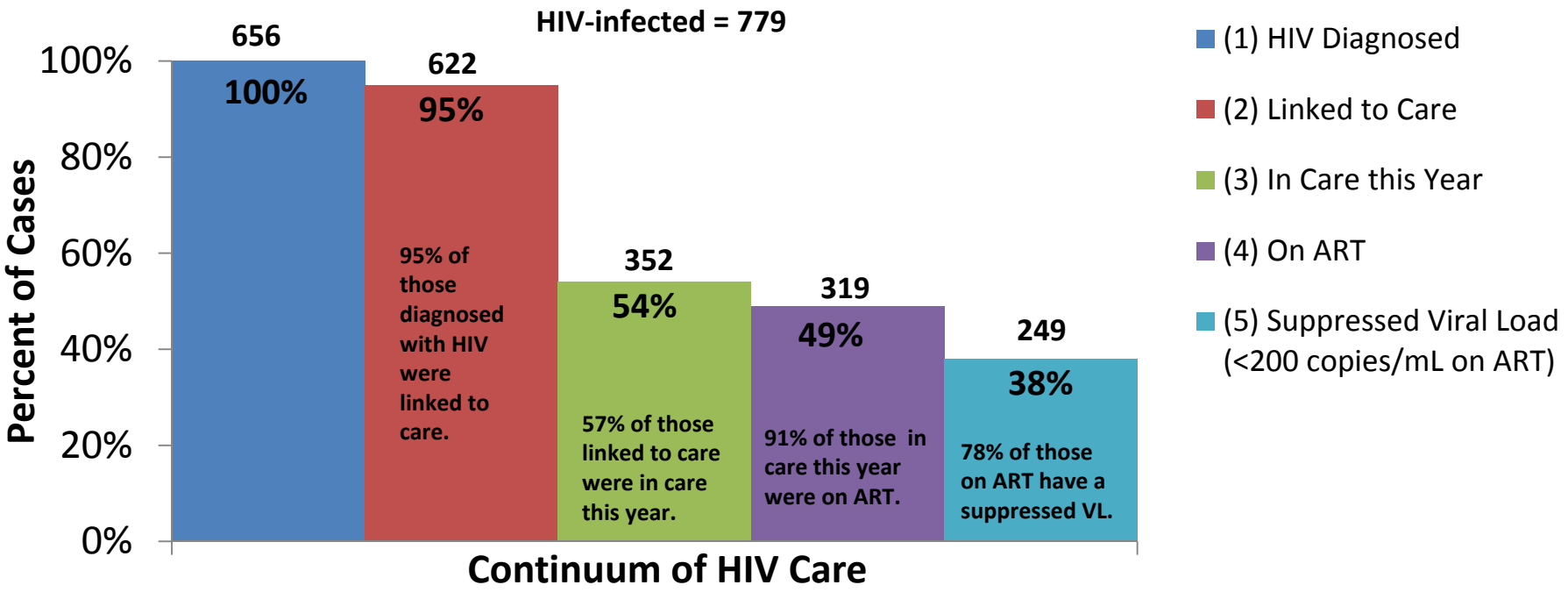
Annual Prevalence of Adults Living with HIV Disease, 1995-2013, Partnership 11b



As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons reported with HIV/AIDS that are presumed to be alive has been increasing. Since 1995, the number of persons reported living with HIV/AIDS has increased over 290%. In 2013, the prevalence increased by 2.7% since the previous year.

Florida HEALTH

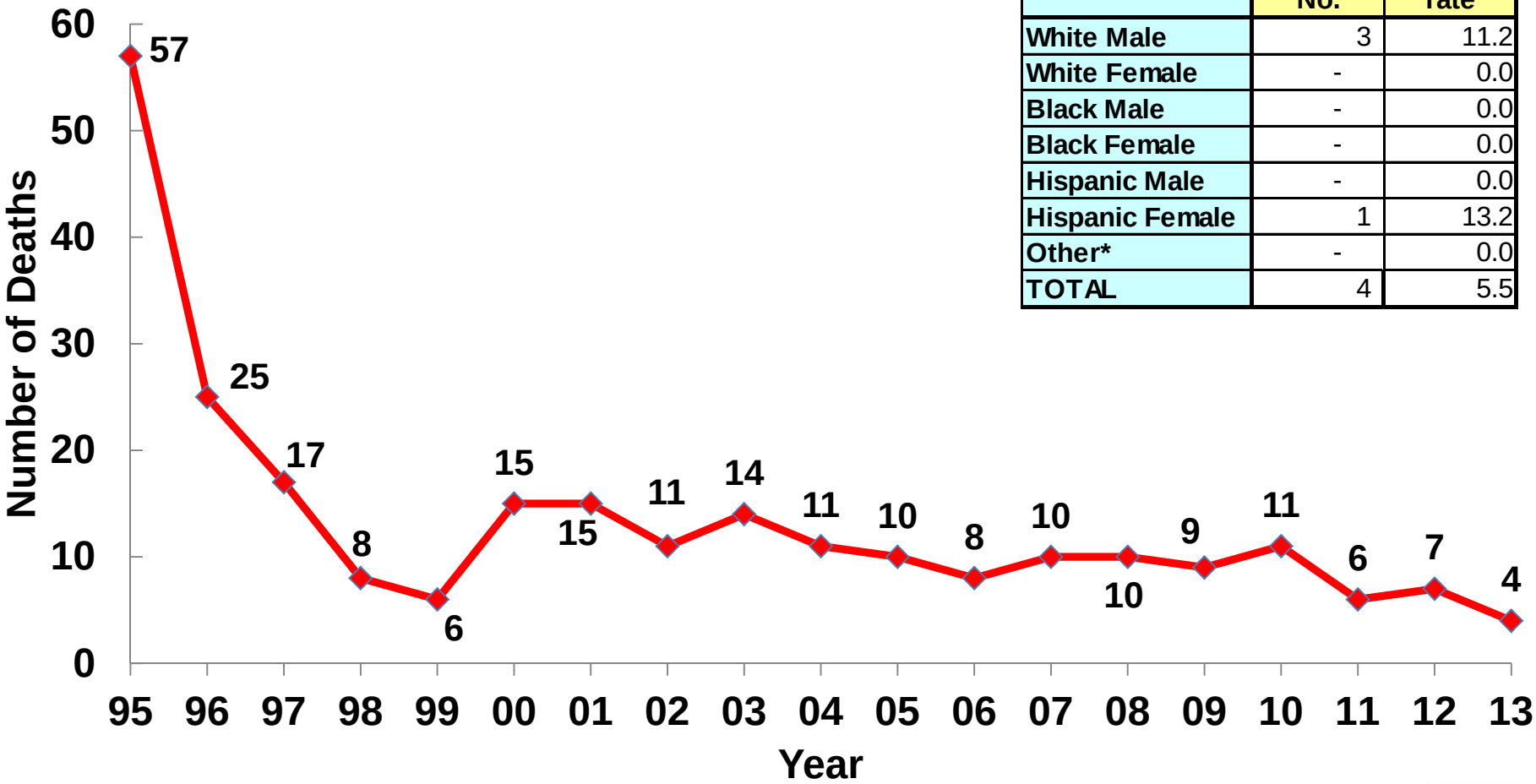
Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 11b, 2013



(1) Number of cases known to be alive and living in Florida through 2013, regardless where diagnosed, as of 06/30/2014 (used for unmet need calculations).
(2) Ever in Care = 86% of those cases were linked to care, based on persons living with HIV disease in Florida (regardless of where diagnosed) who ever had a CD4 or Viral load (VL) test in the electronic HIV/AIDS Reporting System (eHARS). (2010 National estimates are 79%*).
(3) 55% of cases were in care this year, based on HRSA unmet need definition, for persons living with HIV in Florida (regardless of where diagnosed) and having at least 1 HIV-related care service involving either a VL or CD4 test or a refill of HIV-related RX. (2010 National estimates for in care are 56%*).
(4) Estimated 90.6% of In care and on ART this year in Florida per 2011 MMP data (2010 National estimates are 80%*).
(5) Estimated 78.0% on ART & the viral load is <200 this year in Florida per 2011 MMP data (2010 National estimates are 70%*).
*Continuum of HIV care among Ryan White HIV/AIDS Program clients, U.S., 2010 (http://hab.hrsa.gov/data/reports/continuumofcare/index.html)
For additional information please refer to the Florida Continuum of Care slide set accessible at http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html

Florida HEALTH

Resident Deaths due to HIV Disease by Year of Death, 1995-2013, Partnership 11b



Race/Ethnicity	2013	
	No.	rate
White Male	3	11.2
White Female	-	0.0
Black Male	-	0.0
Black Female	-	0.0
Hispanic Male	-	0.0
Hispanic Female	1	13.2
Other*	-	0.0
TOTAL	4	5.5

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 05/16/2014). Population data are provided by Florida CHARTS.

***Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.**

Some Useful Links

- CDC HIV/AIDS Surveillance Reports
  (State and Metro Data):
  http://www.cdc.gov/hiv/stats/hasrlink.htm

- MMWR (Special Articles on Diseases, Including HIV/AIDS):
  http://www.cdc.gov/mmwr/

- U.S. Census Data (Available by State, County):
  http://www.census.gov

- Partnership 11b Dept. of Health, HIV/AIDS Section
  Website (Slide sets, Facts Sheets, Monthly Surveillance Report, Counseling & Testing Data, etc.):
  http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

--Foege WH et al. Int. J of Epidemiology 1976; 5:29-37

Partnership 11b Surveillance Contact

Sam Alghawi
Miami-Dade County Health Department
Phone: 305-470-5631
Email: Sam.Alghawi@flhealth.gov

Rodolfo Boucugnani, Surveillance Analyst
Phone:305-470-6984
Email: Rodolfo.Boucugnani@flhealth.gov

For Florida HIV/AIDS Surveillance Data

Contact: (850) 245-4444

Lorene Maddox, MPH	**Ext. 2613**
Tracina Bush, BSW	**Ext. 2612**
Madgene Moise, MPH	**Ext. 2373**

Visit Florida's internet site for:

Monthly Surveillance Reports

Slide Sets and Fact Sheets

Annual Reports and Epi Profiles

http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html

Visit CDC's HIV/AIDS internet site for:

Surveillance Reports, fact sheets and slide sets

http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm